Southern Nursing Research Society
Proceedings: 2007 Annual Conference

(Click on the title of the Session to view the list of presentations within. Then, click on the title of the abstract to view its details. Click on the "Index" button at the bottom of each page to return to this index.)

Thursday, February 22, 2007

02:30:00 PM
Poster Session 1 Viewing

03:15:00 PM
2A-Symposium: John A Hartford Building Academic Geriatric Nursing Capacity Scholars

2B-RIG Sponsored Qualitative Symposium: Trustworthiness and Uses of Qualitative Methods in Nursing Research

2C-Papers: Parents, Children, and Families

2D-Paper: Stress and Coping

2E-Paper: Nurses in the Workplace 1:

2F-Paper: Cardiovascular Conditions in Adults
Friday, February 23, 2007

08:00:00 AM
Poster Session 2 Viewing

11:15:00 AM
3A-Symposium: Rural Center Research
3B-RIG Sponsored Symposium: Biobehavioral Research Pearls and Pitfalls: Improving Patient Outcomes When Bench Meets Bedside
3C-Paper: Spirituality and Special Populations
3D-Paper: Adolescent Health and Behavior
3F-Paper: Research in Genetics

11:45:00 AM
3E-Paper: Women, Stress and Coping

02:00:00 PM
4A-Paper: Depressive Symptoms in Varied Populations
4B-Symposium: Cultural Beliefs and Body Weight
4C-Symposium: Stories of Health Challenges Inform Nursing Practice
4D-Paper: Maternal Adaption
4E-Paper: Innovations in Baccalaureate Education
4F-Paper: Dementia in the Older Adult
04:15:00 PM
5A-Symposium: Promotoras and Self-Management of Diabetes
5B-Symposium: Improving Clinical Measures and Quality of Data
5C-Paper: Risks to Preterm and Low Birth Weight Infants
5D-Paper: Nurses in the Workplace 2
5E-Paper: Renal and Respiratory Challenges
5F-Paper: Family Caregivers

Saturday, February 24, 2007
08:30:00 AM
6A-Symposium: Core Competencies for Evidence-Based Practices
6B-Symposium: Recruitment and Retention in Special Populations
6C-Paper: Health Care Issues of Pregnant Women
6D-Paper: Diabetes Management
6E-Paper: Symptom and Illness Management
6F-Paper: Health Promotion and Quality of Life for Older Adults

10:15:00 AM
7A-Symposium: Evidence-Based Practice Changes
7B-Paper: Evidence-Based Practice with Chronically-Ill Children
7C-Paper: Health Promotion in Women
7D-Paper: Qualitative and Mixed Methods Research

7E-Paper: Environmental Threats to Health

7F-Paper: Cardiovascular Health
Southern Nursing Research Society
Proceedings: 2007 Annual Conference

(Click on the title of the abstract to view its details.)

Thursday, February 22, 2007
02:30:00 PM
Poster Session 1 Viewing

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title of Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shu-li Chen</td>
<td>Elders' Decisions to Enter Assisted Living Facilities: A Grounded Theory Study</td>
</tr>
<tr>
<td>Mona Shattell</td>
<td>“Take My Hand, Help Me Out:” Mental Health Patients’ Experience of the Therapeutic Relationship</td>
</tr>
<tr>
<td>Alexandra Garcia</td>
<td>Diabetes Symptom Self-Care Inventory (DSSCI): Revision and Pilot Testing</td>
</tr>
<tr>
<td>Terry Throckmorton</td>
<td>Registered Nurses’ Perceptions of the BNE Mandated Peer Review Process for Registered and Licensed</td>
</tr>
<tr>
<td>Kathleen Nash</td>
<td>Medical Screening Examinations to Reduce Overcrowding in the Emergency Department</td>
</tr>
<tr>
<td>Carole Taxis</td>
<td>Goal Attainment Scaling and Health Behavior Change in Women with Fibromyalgia: Preliminary Findings</td>
</tr>
<tr>
<td>Gayle Acton</td>
<td>Developing Prescriptions to Increase Collaborative Social Communication in Persons with Dementia</td>
</tr>
<tr>
<td>Jonathan Decker</td>
<td>An Exploration of the Concept of Parental Self-Efficacy</td>
</tr>
<tr>
<td>Barbara Speck</td>
<td>Advanced nurse practitioner as facilitator of a physical activity intervention with low-income women</td>
</tr>
<tr>
<td>Judith Drew</td>
<td>Effects of Complementary and Alternative Therapies on Mood States, Sleep Quality, and Social Engagement Among Dementia Residents in the Nursing Home</td>
</tr>
<tr>
<td>Sarah Kelly</td>
<td>Mechanical ventilation education and training for critical care nurses</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kristin Ownby</td>
<td>Knowledge and Attitudes towards Palliative Care in a Hospital Setting: An Interim Analysis</td>
</tr>
<tr>
<td>Gail Davis</td>
<td>Goal Attainment Pain Management Program for Older Adults: A Preliminary Study</td>
</tr>
<tr>
<td>Diane Heliker</td>
<td>Story Sharing as a Nurse Aide Best Practice in Long Term Care</td>
</tr>
<tr>
<td>Teresa Walsh</td>
<td>Retention Strategies: Exploring the influence of mentoring with critical care nurses</td>
</tr>
<tr>
<td>Patricia A. Quackenbush</td>
<td>Differences in Readiness to Change Dietary Fat Consumption Behavior in Relation to Physiologic and Psychosocial Variables in Women with Type 2 Diabetes</td>
</tr>
<tr>
<td>Debra Copeland</td>
<td>Perceptions of Maternal Competence among Single, Low-Income, First-time Mothers in Early Parenthood</td>
</tr>
<tr>
<td>Janice Collins-McNeil</td>
<td>Depressive Symptoms, Perceived Social Support and Physical Activity in Middle-Aged and Older African-American Women with Type 2 Diabetes</td>
</tr>
<tr>
<td>Rose Mary Gee</td>
<td>DETERMINANTS OF LIFESTYLE PHYSICAL ACTIVITY IN OLDER RURAL ADULTS: TESTING OF FOUR QUESTIONNAIRES</td>
</tr>
<tr>
<td>Kay Roberts</td>
<td>Roberts, An Integrated Mental Health Clinic to Meet the Needs of Three Underserved Urban Communities.</td>
</tr>
<tr>
<td>Kathy Rush</td>
<td>Education and Nurses’ Fall-Related Knowledge</td>
</tr>
<tr>
<td>Constance Sixta</td>
<td>Framework for Clinic Integration of a Promotora Diabetes Self-management Program</td>
</tr>
<tr>
<td>Scharalda Jeanfreau</td>
<td>Group Visit Intervention to Improve Diabetes Care – A Program Utilizing Group Visits Led by a Nurse Practitioner to Improve Outcomes for the Medically Underserved in Diabetes Care</td>
</tr>
<tr>
<td>Lynne Hall</td>
<td>The Mother-daughter Bond During Childhood and Parenting the Next Generation</td>
</tr>
<tr>
<td>Amy Calvin</td>
<td>THE CARDIOVASCULAR INTENSIVE CARE UNIT NURSE’S EXPERIENCE WITH END-OF-LIFE CARE</td>
</tr>
<tr>
<td>Felicia Smith</td>
<td>Roberts, Perceptions of Mental Health among African Americans: Implications for Service Provision and Utilization</td>
</tr>
<tr>
<td>Karen Robinson</td>
<td>Roberts, Prime MD findings in a vulnerable Population</td>
</tr>
<tr>
<td>Patti Hamilton</td>
<td>Conflict Management Styles in the Health Professions</td>
</tr>
</tbody>
</table>
Cheryl Lehman  APN Knowledge, Self-efficacy and Practices in Providing Women’s Healthcare Services to the Disabled

JoAnne Youngblut  Grandchild Death: Grandparent Health & Functioning

Katherine Bowman  Dissociation and Intimate Parenting Anxiety Among Mexican-American Adolescent Mothers with and without Sexual Abuse Histories

Janet Cooper  Outcome Measurement of an Academic Nursing Center’s Services on an Individual’s Health Status: A Pilot Study

Catherine Cole  Feasibility Study: Sleep Fragmentation in Alzheimer’s Disease

Graham McDougall, Jr  What We Miss By Measuring Depression Only Once

Karen Brykczyński  Articulating Knowledge from APN Clinical Stories of Helping Families Heal from Family Violence

Megan Hoffmann  Effect of a Study Map to Support Research Informed Consent

Marge Benham-Hutchins  The Influence of Information Technology on Interdisciplinary Communication

Valerie Eschiti  Complementary and Alternative Modalities (CAM) Used by Women with Female-specific Cancers

Linda Burhans  A Nursing Practice Remediation Program

Shwu-ru Liou  An Integrative Research Review of Factors Related to the Intentions of Nurses to Leave Their Jobs in Taiwan and Western Countries

Susan Gatto  PERCEIVED BENEFITS AND BARRIERS TO COMPUTER, INTERNET, AND E-MAIL USE IN OLDER ADULTS

Laurie Theeke  The Relationship of Feeling Lonely to Gender, Self Report of Health, Number of Physical Illnesses, Frequency of Outpatient Visits, and Functional Ability

Kathryn Daniel  Dietary Protein Consumption by Nursing Home Residents

Kimberly crocker crowther  Secondary Stress and Coping Experiences of Caregivers for Persons with Oral Cancer: A Descriptive Study

MABELEN AUSTRIA  Leadership Characteristics: A Comparison between Nurse Manager's Self-rated Leadership Behavior and Staff Nurses' Perceptions

Anne Cockerham  Domestic Violence in Thomas Jefferson’s Family

Michael Limerick  A Grounded Theory Study of Surrogate Decision Making to Withhold and Withdraw Life Sustaining Measures
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruthie Robinson</td>
<td>Intimate Partner Violence and the Role of the Emergency Department Nurse</td>
</tr>
<tr>
<td>Sarah Anderson</td>
<td>Changes in Genital Injury Patterns over Time and the Effect of Skin Color in Women after Consensual Intercourse</td>
</tr>
<tr>
<td>Sarah Anderson</td>
<td>Predictors of Genital Injury after Non-Consensual Intercourse</td>
</tr>
<tr>
<td>Sigrid Ladores</td>
<td>Paper or Plastic: Innovative Use of Electronic Diaries in Research</td>
</tr>
<tr>
<td>Sharon McDonald</td>
<td>The Use of Complementary Medications In Older Adults with Arthritis</td>
</tr>
<tr>
<td>Robert Hanks</td>
<td>The Lived Experience of Nursing Advocacy with Medical-Surgical Patients: A Descriptive Qualitative Pilot Study</td>
</tr>
<tr>
<td>Linda Burhans</td>
<td>Quality Nursing: What Does Nightingale Have to Say?</td>
</tr>
<tr>
<td>Susan Huckaby</td>
<td>Family Presence during Resuscitation: A Review of Research</td>
</tr>
<tr>
<td>Yolanda Wall</td>
<td>Physician Partnership-Building Behaviors: Does it Vary With the Race of the Patient</td>
</tr>
<tr>
<td>Marti Jordan-Welch</td>
<td>An Existential Phenomenological Study of the Lived Experience of Registered Nurses Providing Care to Patients During and After Hurricane Katrina</td>
</tr>
<tr>
<td>Lisa Broussard</td>
<td>Empowerment in School Nursing Practice: A Grounded Theory Approach</td>
</tr>
<tr>
<td>Yao-Mei Chen</td>
<td>A Structural Regression Model of Role Stress and Job Satisfaction for a Sample of Taiwan’s Nurses Specialists</td>
</tr>
<tr>
<td>Ricky Lewis</td>
<td>Comparison of a 5 – Level Triage Classification System with a 4 – Level Triage Classification System as it Relates to Acuity Assignment and Predictability of Patient Outomes</td>
</tr>
<tr>
<td>Joyce Shanty</td>
<td>Medication Errors</td>
</tr>
<tr>
<td>Dana Carthron</td>
<td>“It's Supposed To Be My Time!” The Lived Experience of African American Grandmothers Caring for Their Grandchildren</td>
</tr>
<tr>
<td>Philisie Washington</td>
<td>Post Traumatic Stress Levels in Homeless Youth: A Comparison of New Orleans Homeless Youth versus Houston Homeless Youth in the Post Hurricane Katrina Aftermath</td>
</tr>
<tr>
<td>Deborah Richardson</td>
<td>Nurse Perceptions of Spiritual Care</td>
</tr>
<tr>
<td>Hyeon Joo Lee</td>
<td>Quality of Reporting Randomized Controlled Trials (RCTs) in the Nursing Literature: Application of the Consolidated Standards of Reporting Trials (CONSORT)</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lena Rippstein</td>
<td>If Walls Could Talk: The Lived Experience of Witnessing Verbal Abuse Toward Residents in Long-Term Care Facilities</td>
</tr>
<tr>
<td>Carolyn McKenzie</td>
<td>Exploring Perception of Risk for CHD in African American Women with Type 2 Diabetes</td>
</tr>
<tr>
<td>Christina Ramey</td>
<td>Critical Thinking at the Bedside: Effects on Organizational Costs and Clinical Competency</td>
</tr>
<tr>
<td>Sara Clutter</td>
<td>Number of Provider Types and Outcomes of Diabetes: A Secondary Data Analysis</td>
</tr>
<tr>
<td>Shwu-ru Liou</td>
<td>Reliability and Validity of Instruments for Measuring Asian Nurses' Attitude Toward Job and Organization</td>
</tr>
<tr>
<td>Paula Clutter</td>
<td>Factors Related to Uptake of Evidence-Based Clinical Practice Guidelines By Registered Nurses in the Veterans Health Administration Setting</td>
</tr>
<tr>
<td>Jia-Rong Wu</td>
<td>The Effect of Depression and Anxiety on Medication Adherence in Patients with Heart Failure</td>
</tr>
<tr>
<td>Janine Catalano</td>
<td>“I Just Knew”: Exploration Of Nurses’ Early Perceptual Recognition of Life Threatening Clinical Events</td>
</tr>
<tr>
<td>Melody Gassoway</td>
<td>Screening for Intimate Partner Violence: Perceptions/Concerns of Healthcare Providers</td>
</tr>
<tr>
<td>Dale Howard</td>
<td>Evaluation of Palliative Care Knowledge in Intensive Care Nurses</td>
</tr>
<tr>
<td>Ann Jernigan</td>
<td>Relationships and Retention: The Staff Nurse Perspective</td>
</tr>
<tr>
<td>Barbara Sorbello</td>
<td>Bedside Leadership Practiced Within the Acute Care Hospital Setting</td>
</tr>
<tr>
<td>Janet Moye</td>
<td>SEARCHING FOR FACTORS TO RETAIN OLDER NORTH CAROLINA REGISTERED NURSES IN THE WORKFORCE</td>
</tr>
<tr>
<td>Lynne Jensen</td>
<td>Women with high anxiety have increased risk for in-hospital complications</td>
</tr>
<tr>
<td>Joy Longo</td>
<td>Defining Horizontal Violence Using Nurses' Stories of Conflict with Nurse Colleagues</td>
</tr>
<tr>
<td>Debbie Greene</td>
<td>Nurses Experiences with Disclosure of Errors to Patients</td>
</tr>
<tr>
<td>Catherine Greenblum</td>
<td>Effects of the Women's Health Initiative on Hormone Replacement Therapy Use</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Christina Brazier</td>
<td>Women and Trust in their Physician</td>
</tr>
<tr>
<td>Thomas (Thom) Mendez</td>
<td>Culture and the Psychosocial Experiences of Hispanic Caregivers in Newly Injured Spinal Cord Patients</td>
</tr>
<tr>
<td>Sue McLennon</td>
<td>The Relationships Between Burden, Finding Meaning, and Health in Dementia Spousal Caregivers</td>
</tr>
<tr>
<td>Linda Beuscher</td>
<td>Exploring Spirituality in Coping with Early Stage Alzheimer's Disease</td>
</tr>
<tr>
<td>Nancy Scroggs</td>
<td>The Lived Experience of Women in Despair</td>
</tr>
<tr>
<td>Michelle Farci</td>
<td>Stress management and impact of illness in women with fibromyalgia syndrome</td>
</tr>
<tr>
<td>claudia beal</td>
<td>Depression in Persons with Multiple Sclerosis: A Longitudinal Analysis</td>
</tr>
<tr>
<td>Tszyin Kan</td>
<td>Locus of Control and Diabetes Complications in Mexican American Elderly</td>
</tr>
<tr>
<td>Lin Lin</td>
<td>Living with uncertainty in the Chinese culture perspective: Predicting positive and negative psychological outcomes in parents of children with cancer in Taiwan</td>
</tr>
<tr>
<td>Mei-Ling Wu</td>
<td>WORK ENGAGEMENT AND NURSES IN TAIWAN: A PILOT STUDY</td>
</tr>
<tr>
<td>Michael Mistric</td>
<td>Family Members' Quality of Care Expectations for Relatives Residing in Long-Term Care Facilities</td>
</tr>
<tr>
<td>Ginny Sherman</td>
<td>Stress, Motivation, and Health: The Experiences of Women in a Walking Program</td>
</tr>
<tr>
<td>Susan Adams</td>
<td>Factors Associated with Retention of Previously Incarcerated Women in a Community-Based Substance Abuse Treatment Program</td>
</tr>
<tr>
<td>Anthony Ramsey</td>
<td>The Concept of Yearning to be Recognized: Development and Implications for Women with Migraine Headache</td>
</tr>
<tr>
<td>Karen Lee</td>
<td>THE ASSOCIATION BETWEEN SPIRITUALITY AND DEPRESSION AMONG LOW-INCOME, OLDER AFRICAN AMERICAN SURVIVORS</td>
</tr>
<tr>
<td>Charlotte Jeans</td>
<td>Informed Consent: &quot;A Waste of Trees&quot;</td>
</tr>
<tr>
<td>Elizabeth Epstein</td>
<td>End-of-Life Experiences of Parents, Nurses and Physicians in the NICU</td>
</tr>
<tr>
<td>Mini Jose</td>
<td>A Qualitative Pilot Study of Transcendence and Transpersonal Caring Experiences in Nursing Practice</td>
</tr>
</tbody>
</table>
Claudia Neira
THE PREVALENCE OF IMPAIRED GLUCOSE METABOLISM (IGM) IN HISPANICS WITH TWO OR MORE RISK FACTORS FOR METABOLIC SYNDROME (MS) IN A PRIMARY CARE SETTING

Shalette Woods
Unintended pregnancy in Black women: A mixed methods study to inform family planning education and clinical practice

Melissa Inglese
Pain Perception and Communication in Children with Autism Spectrum Disorder: New Parental Insights

Esperanza Santana
NEEDS OF PARENTS WHOSE CHILDREN HAVE RENAL FAILURE COMPARED WITH THOSE WHOSE CHILDREN HAVE CANCER: EXPLORATORY DESCRIPTIVE ANALYSIS

Steven Branham
Acute Care Nurse Practitioners Barriers to research

Susan Bankston
Aligning Mindfulness and Therapeutic Community Concepts to Create a Meaningful Intervention for Substance Abuse

Gina Alexander
Metaphors of Sugar: Culturally-Tailored Nutrition Education for Diabetes Self-Management among Rural African Americans

Pamela Stetina
The Effect of Hysterectomy on the Quality of Life in Caucasian and Hispanic Women

Evelyn Parrish
Psychometric Properties of the John Henryism Scale in Rural Adolescents

Jennifer Veshnesky
DIABETES PEER SUPPORT

Mary Cazzell
The Effects of Different CPR Training upon the Adequacy of Chest Compressions

Amy Sparks
The Impact of Nurses’ Ages on perceived Job Satisfaction

Angela Green
Children’s Quality of Life after Heart Transplant: Parent and Child Views

Marygrace Hernandez-Leveille
Hypertension and Pre-menopausal Hispanic Women

Veronikia Lee
Are Perioperative Employees Receptive to Online Learning?

Waraporn Kongsuwan
Promoting Peaceful Death

Sandra Knapp
Use of the Internet in Staff Development and its Application in Helping Critical Care Nurses to Lower Family Stress

Virginia Williamson
Reintegration in Middle Age Women: A Model of Survivorship

Bomin Shim
BARRIERS TO ADHERENCE TO SELF MANAGEMENT IN OLDER ADULTS WITH TYPE 2 DIABETES
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Collins</td>
<td>Health-seeking behaviors of African-and Mexican-American women with a history of abuse and sexually transmitted infections</td>
</tr>
<tr>
<td>M. Jane Fayland</td>
<td>Unraveling the Mystery Behind Evidence-Based Practice for Staff Nurses: A Bibliometric Analysis Pilot Study</td>
</tr>
<tr>
<td>Jada Brooks</td>
<td>KNOWLEDGE, ATTITUDES, AND BELIEFS ABOUT BREAST CANCER AND MAMMOGRAPHY UTILIZATION AMONG AMERICAN INDIAN WOMEN IN NC</td>
</tr>
<tr>
<td>Robin Green</td>
<td>A Descriptive Correlational Study of Medication Error and Nursing Overtime</td>
</tr>
<tr>
<td>Natalie Floyd</td>
<td>Biomarkers of Early Cardiometabolic Risk among premenopausal healthy African-American women 20-50</td>
</tr>
<tr>
<td>Gloria Carr</td>
<td>EMPOWERMENT: A STRATEGY TO DEVELOP ADVOCACY IN AFRICAN AMERICAN GRANDMOTHER CAREGIVERS</td>
</tr>
<tr>
<td>Patricia Anzalone</td>
<td>A Comparison of Computer and Traditional Classroom Face-to-Face Orientation for Beginning Critical Care Nurses</td>
</tr>
<tr>
<td>Hanna Demeke</td>
<td>Psychosocial factors influencing ART adherence among African American women.</td>
</tr>
<tr>
<td>Lori Mutiso</td>
<td>Negative Thinking: Contributing Factors from the Family of Origin</td>
</tr>
<tr>
<td>Carol Enderlin</td>
<td>Peripheral Neuropathy, Sleep and Fatigue Related to Cancer and Chemotherapy: Preliminary Findings</td>
</tr>
<tr>
<td>Eugenia Blomstrom</td>
<td>The Essence of the Experience of the Experience of Polypharmacy in the Life-world of Community Dweling Elders</td>
</tr>
<tr>
<td>Margaret Price</td>
<td>The Use of Mid Upper Arm Circumference and Body Mass Index to Assess Nutritional Status of Rural Southern Nigerian Mothers</td>
</tr>
<tr>
<td>Laurie Stark</td>
<td>Weblogs: An innovative strategy for coping with a stressful life event</td>
</tr>
<tr>
<td>Evelyn Swenson-Britt</td>
<td>Evaluation of the Critical Reading of Research Publications Plus (CRRP-P) Course</td>
</tr>
<tr>
<td>Amanda Fallin</td>
<td>Intimate Partner Violence in the Workplace</td>
</tr>
<tr>
<td>Sharon Chalmers</td>
<td>Living with fatigue and depression: A case study</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hanan Al-Modallal</td>
<td>Worker-to-Worker Violence</td>
</tr>
<tr>
<td>Bolden Lois</td>
<td>Depression, Anxiety, Hazardous Drinking, Subjective Burden, and Caregiver Rewards in Family Caregivers of Patients with Chronic Liver Disease</td>
</tr>
<tr>
<td>Cheryl Lindy</td>
<td>THE LIVED EXPERIENCES OF EMPLOYED ADULTS WITH DEPENDENT ADULT CAREGIVING RESPONSIBILITIES</td>
</tr>
<tr>
<td>Kathy Missildine</td>
<td>Sleep and Sleep Related Correlates of Older Adults in the Acute Care Setting</td>
</tr>
<tr>
<td>Marilyn Haupt</td>
<td>Developing an Outcomes Evaluation Research Plan for a HRSA-supported Mental Health Community Access Program</td>
</tr>
<tr>
<td>Laura Williams</td>
<td>Sleep/Wake Patterns of Elders in Nursing Homes for Short-Term Rehabilitation</td>
</tr>
<tr>
<td>Tami Wright</td>
<td>EXPLORING OLDER ADULTS’ BARRIERS TO DIABETES SELF-CARE</td>
</tr>
<tr>
<td>Cheryl Robinson</td>
<td>Self-Management in Diabetes Care: A Literature Review</td>
</tr>
<tr>
<td>Valerie Vestal</td>
<td>Perceived Role of Employers Assisting Filipino Nurses with Acculturation to Nursing Practice</td>
</tr>
<tr>
<td>Maybelle Jackson</td>
<td>Subjective Socioeconomic Status: A Concept Analysis</td>
</tr>
<tr>
<td>Debra Cavazos</td>
<td>Learning the First Steps of Research: Negotiating the IRB Process across Agency Lines</td>
</tr>
<tr>
<td>Maybelle Jackson</td>
<td>Class: A Concept Analysis</td>
</tr>
<tr>
<td>Elizabeth Gressle-Tovar</td>
<td>Psychosocial Factors and Diet and Exercise Behaviors in Persons with Type 2 Diabetes: Evaluation of a Conceptual Model (Study in Progress)</td>
</tr>
<tr>
<td>Mickey Aldridge</td>
<td>The use of Nurse Practitioners in small rural hospital Emergency Departments</td>
</tr>
</tbody>
</table>

**03:15:00 PM**

**2A-Symposium: John A Hartford Building Academic Geriatric Nursing Capacity Scholars**

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leanne Lefler</td>
<td>Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: A Descriptive Study Highlighting the Need for Tailored Interventions Among Older, Southern Women at High Risk for CHD</td>
</tr>
<tr>
<td>Kathy Richards</td>
<td>Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Tailored Biobehavioral Interventions for the Elderly Brief Description and Objectives</td>
</tr>
</tbody>
</table>
Kathy Richards Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Tailored Biobehavioral Interventions for the Elderly

Pao-Feng Tsai Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Effect of a 15-week Tai Chi program on osteoarthritic knee pain in elders with mild CI - A feasibility study

Sunghee Tak Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Tailored Computer Activity Intervention for Older Women with Osteoarthritis

2B-RIG Sponsored Qualitative Symposium: Trustworthiness and Uses of Qualitative Methods in Nursing Research

Nancey France RIG Sponsored Qualitative Symposium: “Mozart Hears the Way God Sees” - **“Being “Phenomenologic””**

Alvita Nathaniel RIG Sponsored Qualitative Symposium: Grounded Theory

Martha Alligood RIG Sponsored Qualitative Symposium: Action Research for Nursing Studies

2C-Papers: Parents, Children, and Families

Julie Meaux Stimulant Medications and ADHD: A Trade Off?

Pamela Ark Evaluation of Phase I Healthy Kids Parent-Child Fitness & Nutrition Program

Debra Brandon National Characteristics of Infant and Child Deaths

JoAnne Youngblut PARENT AND FAMILY FUNCTIONING AFTER A PRESCHOOLER’S HEAD TRAUMA: 3 MONTHS POST-DISCHARGE

2D-Paper: Stress and Coping

Kristin Ownby A Comparison of Traditional Clinical Experience vs. Precepted Clinical Experience for Students in their Second Semester Medical-Surgical Course

Renae Schumann Being a Nursing Student in a Precepted Clinical Group: Qualitative Findings

Linda Dune Precepting undergraduate nursing students: The nurse’s perspective.

Suzanne Yarbrough Assuring accountability in nursing education: Analysis the psychometric rigor of clinical competence examination

2E-Paper: Nurses in the Workplace 1:

Diane Andrews A Structural Model of Staff Nurse Response to Job Strain
Susan Letvak  Predictors of Job Stress in Direct Care Nurses Employed in Hospital Settings

Cheyenne Martin  Children to the Slaughter: Nurses' Efforts to Save Children in Ghettos and Camps During the Nazi Era

Diane Raines  Nurse Retention in a Culture of Caring

2F-Paper: Cardiovascular Conditions in Adults

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Quinn</td>
<td>Family Functioning and Perceived Criticism in Heart Failure Patients and their Family Members</td>
</tr>
<tr>
<td>Seongkum Heo</td>
<td>Gender Difference in Factors Affecting Self-Care Behaviors in Patients with Heart Failure</td>
</tr>
<tr>
<td>Terry Lennie</td>
<td>Nutritional Intake and Nutritional Status of Patients with Heart Failure and Similarly-aged Healthy Elders</td>
</tr>
<tr>
<td>Valerie Lunsford</td>
<td>Women’s Use Of Social Comparisons To Gauge Progress While Participating In Phase II Cardiac Rehabilitation</td>
</tr>
</tbody>
</table>

Friday, February 23, 2007
08:00:00 AM
Poster Session 2 Viewing

Vicki Byers  Quality of Systematic Reviews in Nursing Literature: The Basis for EBP

Sandra Cesario  RE-EVALUATION OF FRIEDMAN’S LABOR GRAPH PHASE II: DETERMINING THE “NORMAL” LENGTH OF LABOR OF WOMEN RECEIVING EPIDURAL ANESTHESIA

Costellia Talley  A Pilot Study Of Quality Of Life In Chronic Obstructive Pulmonary Disease (COPD)

Diane Wardell  Labyrinth Walk Integration Project

Rebecca Polzer  The Use of Spiritual Practices in Self-Management of Diabetes in African Americans

Jonathan Decker  Reviewing the Use of Video Games for Child Health Issues: Implications for Childhood Obesity Research

Nancy York  Community Readiness for Smoke-free Policy Change in Kentucky

Deborah Konkle-Parker  Deficits in Information, Motivation, and Behavioral Skills Associated with HIV Medication Adherence Identified in a Southern Population

Hyekyun Rhee  Decision-Making and Risk Behaviors in Rural Adolescents with Asthma
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally McCoy</td>
<td>Herbal Supplement Use among Veterans with Peripheral Vascular Disease</td>
</tr>
<tr>
<td>Marti Rice</td>
<td>RELATIONSHIPS BETWEEN CHILDREN’S SELF-REPORT OF SELF-CONCEPT AND TEACHER REPORTS OF THE BEHAVIORAL ASSESSMENT SYSTEM FOR CHILDREN FROM THREE COHORTS OF THE PASS PROGRAM</td>
</tr>
<tr>
<td>Anne Turner-Henson</td>
<td>Children’s Secondhand Smoke Exposure in African American Families</td>
</tr>
<tr>
<td>M. Kay Sandor</td>
<td>Spirituality and Clinical Care: Comparing Team-Based Learning Strategies with Lecture and Standardized Patient Scenarios in an Interdisciplinary Course</td>
</tr>
<tr>
<td>Sandra Thomas</td>
<td>What are the Students Angry About?</td>
</tr>
<tr>
<td>Christine Pollock</td>
<td>Experiences of Non-Caring Behaviors by Undergraduate Student Nurses</td>
</tr>
<tr>
<td>Kenn Kirksey</td>
<td>The Impact of High-Risk Behaviors upon Symptom Management in HIV/AIDS</td>
</tr>
<tr>
<td>Margaret Harvey</td>
<td>Demographic Determinants of ICD Benefit in Patients with Reduced Ejection Fraction and Heart Failure: A Pilot Study</td>
</tr>
<tr>
<td>Regina Lederman</td>
<td>Psychosocial Adaptation to Pregnancy and Postparum in Primigravid Women from Monterrey, Mexico.</td>
</tr>
<tr>
<td>Elizabeth Murray</td>
<td>Toward Further Clarification of Patient Rights</td>
</tr>
<tr>
<td>Cindy Munro</td>
<td>Relationship of Dental Health (DMFT) to Acute and Chronic Health Problems in Mechanically Ventilated Adults</td>
</tr>
<tr>
<td>Ptlene Minick</td>
<td>Acute Pain Management in the Emergency Department: An Update</td>
</tr>
<tr>
<td>Michael Gray</td>
<td>Analysis of Medicatin Administration Data</td>
</tr>
<tr>
<td>Alice Hill</td>
<td>GROWTH OUTCOMES OF EXTREMELY LOW BIRTH WEIGHT INFANTS OVERTIME FOLLOWING DISCHARGE FROM A NICU</td>
</tr>
<tr>
<td>Patricia Krauskopf</td>
<td>An International Health Care Experience: Influencing Cultural Competency of Nursing Students? A Pilot Study</td>
</tr>
<tr>
<td>Ching-Yu cheng</td>
<td>Health Status of Chinese Postpartum Mothers in the U.S.</td>
</tr>
<tr>
<td>Ann Malecha</td>
<td>Preparing the Future Nursing Workforce: A Pilot Study Examining Stressors and Nursing Student Success</td>
</tr>
<tr>
<td>Rae Langford</td>
<td>Perceptions of Transactions With Nurse Practitioners and Weight Loss In Obese Adolescents</td>
</tr>
<tr>
<td>Sharron Docherty</td>
<td>Maternal Caregivers of Children Undergoing Hematopoietic Stem Cell Transplant: Patterns of Distress in the Hospital</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Karen O'Brien</td>
<td>Assessing Student Use of Personal Digital Assistants</td>
</tr>
<tr>
<td>Huey-Shys Chen</td>
<td>Psychometric testing of the short version of the smoking self-efficacy survey</td>
</tr>
<tr>
<td>Jeannette Andrews</td>
<td>Efficacy of Community Health Worker Roles in Research With Public Housing Neighborhoods</td>
</tr>
<tr>
<td>Amber Clayton</td>
<td>Thermometry Comparison</td>
</tr>
<tr>
<td>Mary Patricia Wall</td>
<td>Differences in Attributes of COPD Patients Based on Self-Reported Health and Severity of Illness</td>
</tr>
<tr>
<td>Margaret Miles</td>
<td>Fathers of Preterm Infants: Maternal Views of Supportive, Conflictual, or Absent Relationships</td>
</tr>
<tr>
<td>Theresa Doddato</td>
<td>Principles and Practices of Adult Education in an Accelerated Nursing Program for Non-Nurse College Graduates</td>
</tr>
<tr>
<td>Carolyn Lewis</td>
<td>Predictive Accuracy of the HESI Exit Exam on NCLEX-RN Pass Rates and Effects of Progression Policies on Nursing Student Exam Scores</td>
</tr>
<tr>
<td>Susan Marden</td>
<td>Psychometric Characteristics of the Functional Assessment of Cancer Therapy-General Version 4 (FACT-G) in Patients with Metastatic Cancer (MC) or Hematologic Malignancies (HM)</td>
</tr>
<tr>
<td>Patricia Richard</td>
<td>Information Literacy in a Baccalaureate Nursing Program</td>
</tr>
<tr>
<td>Judith Cornelius</td>
<td>Adaptation of an HIV prevention curriculum for older African American women</td>
</tr>
<tr>
<td>Judith Ruland</td>
<td>COMPARISON OF OUTCOMES OF COMMUNITY-BASED VERSUS TRADITIONAL BASIC BACCALAUREATE PROGRAMS: REPORT OF FINDINGS OF THIRD YEAR OF PILOT STUDY</td>
</tr>
<tr>
<td>Anne Belcher</td>
<td>An Analysis of Spiritual Expression and Spiritual Care</td>
</tr>
<tr>
<td>Vicki Zeigler</td>
<td>Almost Normal: The Lived Experience of Adolescents with Implanted Defibrillators for Life Threatening Cardiac Arrhythmias</td>
</tr>
<tr>
<td>Anna Edwards</td>
<td>Back to Basics: Nursing interventions that decrease ventilator acquired pneumonia (VAP).</td>
</tr>
<tr>
<td>Debra Facello</td>
<td>Maternal/Fetal Attachment: Associations among Family Relationships and Maternal Health Practices</td>
</tr>
<tr>
<td>M Christopher Saslo</td>
<td>Early HIV detection in Nurse Managed Wellness Centers</td>
</tr>
<tr>
<td>Janice Polizzi</td>
<td>Adolescent Pregnancy Prevention in Sweden</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Linda Denke</td>
<td>SECONDARY ANALYSIS OF SELF-REPORTS OF PAIN IN PATIENTS LIVING WITH HIV</td>
</tr>
<tr>
<td>Sigrid Ladores</td>
<td>An Evolutionary Concept Analysis of Healthcare Transition Among Adolescents with Chronic Illness</td>
</tr>
<tr>
<td>Grace Chi</td>
<td>Music Relaxation Video and Pain Control: A Randomized Controlled Trial</td>
</tr>
<tr>
<td>Marcel Mitchell</td>
<td>Do African American, Latino, and Caucasian Parents and Children Benefit Equally from a Weight Management Intervention?</td>
</tr>
<tr>
<td>Mary Harper</td>
<td>Cultural Competence as an Educational Outcome for Nurses: A Systematic Review</td>
</tr>
<tr>
<td>Elesha Davis-Roberts</td>
<td>Improving the Health of the Elderly: Does Spirituality and Prayer Have an Affect on Blood Pressure?</td>
</tr>
<tr>
<td>Shannan Hamlin</td>
<td>Multi-Site Randomized Clinical Trial of Horizontal Positioning to Prevent and Treat Pulmonary Complications in Mechanically Ventilated Critically Ill Patients: Hemodynamic Substudy</td>
</tr>
<tr>
<td>Jo Stecher</td>
<td>The Lived Experience of the Spouse of a Transplant Recipient: The Story of the Journey</td>
</tr>
<tr>
<td>Debra Fowler</td>
<td>An Analysis of Native American Communication Styles as Depicted in Film</td>
</tr>
<tr>
<td>Rhonda Lesniak</td>
<td>Adolescent Self-Injury Behavior: A Model for Practice and Research</td>
</tr>
<tr>
<td>Kim Jolly</td>
<td>Coming to know adolescent voice through the pregnancy stories of Afro-Caribbean females</td>
</tr>
<tr>
<td>Allyson Neighbors</td>
<td>Prenatal Care in Mulukuku, Nicaragua: A Retrospective Chart Review</td>
</tr>
<tr>
<td>Margaret Rateau</td>
<td>Development of the Concept of Transformation</td>
</tr>
<tr>
<td>nancy higgs</td>
<td>Perceptions of Parents and Experiences with Their Premature Infants</td>
</tr>
<tr>
<td>Susan Coyle</td>
<td>Caregiver Burden and Mental Health in Low Income Mothers</td>
</tr>
<tr>
<td>Ashleigh Ohlmann</td>
<td>Factors Related to Asthma Quality of Life for U.S. and Icelandic Adolescents</td>
</tr>
<tr>
<td>Rosalinda Morales</td>
<td>Cultural Interpretations of the Hepatitis C Illness Experience among Mexican Americans</td>
</tr>
<tr>
<td>Malinda Langley</td>
<td>Outcomes of the Reflective Learning Journal in Online Education</td>
</tr>
<tr>
<td>Mary Gordon</td>
<td>Development of a New Skin Risk Assessment Scale for Pediatric Burn Patients</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Larry Goins</td>
<td>Nursing Faculty Attitudes Toward Inclusion of Students With Disabilities to Nursing Education Programs</td>
</tr>
<tr>
<td>Charlotte Gore</td>
<td>Predictors of Hypertension Among Adults: Findings from the 2005 Behavioral Risk Factor Surveillance System Survey</td>
</tr>
<tr>
<td>Candace Lowry</td>
<td>A Profile of Medically Fragile Infants Among Lumbee Indians</td>
</tr>
<tr>
<td>Florence Weierbach</td>
<td>Community Resources for Family Members of Uxoricide</td>
</tr>
<tr>
<td>Chantira Chiaranai</td>
<td>SELF-CARE AND QUALITY OF LIFE IN PATIENTS WITH HEART FAILURE: PRELIMINARY FINDINGS</td>
</tr>
<tr>
<td>Nancy Jallo</td>
<td>Effects of Relaxation-Guided Imagery on Maternal Stress</td>
</tr>
<tr>
<td>Mark Meyer</td>
<td>Motivators of Latino Males for HIV Risk-Taking Behavior</td>
</tr>
<tr>
<td>Lachel Story</td>
<td>A MODEL FOR GENERATING COMMUNITY HEALTH PARITY: THE COGS OF CHANGE</td>
</tr>
<tr>
<td>Kimberly Hemphill</td>
<td>Determinants of health behavior in juvenile offenders</td>
</tr>
<tr>
<td>Terri Holden</td>
<td>ASSESSMENT AND MANAGEMENT OF PAIN IN PEDIATRIC PATIENTS</td>
</tr>
<tr>
<td>Linda Eastham</td>
<td>“I wasn't going to be a victim—it’s my choice”: A case study of personal responsibility for managing HIV treatment protocols</td>
</tr>
<tr>
<td>Diane Monsivais</td>
<td>Pain Medication Attitudes and Beliefs in Patients with Non-Malignant Chronic Pain Syndromes</td>
</tr>
<tr>
<td>Terri Liberto</td>
<td>Factors That Influence Help Seeking Behaviors in Postpartum Women with Depressive Symptoms</td>
</tr>
<tr>
<td>Catherine Jones</td>
<td>Prevention of Exacerbations of Illness in Patients with Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>Susan Dyess</td>
<td>Faith: A Concept Analysis</td>
</tr>
<tr>
<td>Paula Delpech</td>
<td>Understanding Teen Pregnancy from the Perspective of Young African American Adolescents: A Qualitative Approach</td>
</tr>
<tr>
<td>Chularat Howharn</td>
<td>Effects of Childbirth Preparation Classes on Self-Efficacy in Coping with Labor Pain in Thai Primiparas</td>
</tr>
<tr>
<td>Diana Beckmann-Mendez</td>
<td>MATERNAL PERCEPTIONS OF BODY IMAGES OF MEXICAN-AMERICAN CHILDREN: A PILOT STUDY</td>
</tr>
<tr>
<td>Tneshia Sweat</td>
<td>Premature Infant Feeding Strategies and their Relationship to Distress, Length of Feeding, and Volume Intake</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ruth Burk</td>
<td>Backrest position in prevention of VAP and pressure ulcers: Recommendation conflict</td>
</tr>
<tr>
<td>Elizabeth Fiske</td>
<td>Analysis of the Sago Mine Disaster</td>
</tr>
<tr>
<td>Carla Hester</td>
<td>Pregnant Adolescents: Can what they have to say really make a difference?</td>
</tr>
<tr>
<td>Daria Kring</td>
<td>Fatigue in African American Women on Hemodialysis</td>
</tr>
<tr>
<td>Michele Montgomery</td>
<td>Breast Self-Exam: Relavance for Young Female Childhood Cancer Survivors</td>
</tr>
<tr>
<td>Susan Baxley</td>
<td>Perceived Barriers and Needs of Hispanic Students in Baccalaureate Nursing Programs: Are We Listening?</td>
</tr>
<tr>
<td>Carlee Lehna</td>
<td>State of the Science Relative to Body Image and Identity Formation in Children and Adolescents with Disfiguring Burns</td>
</tr>
<tr>
<td>Adrian Melissinos</td>
<td>Changing Patterns: The Influence of Ethnohistory on Health Care Beliefs</td>
</tr>
<tr>
<td>Angelica Gonzalez</td>
<td>Undergraduate Minority Students as Contributors in International Research Studies: MHIRT Scholars Prepare for Researching Abroad</td>
</tr>
<tr>
<td>Sarah Rhoads</td>
<td>Mothers’ Experiences Viewing their Neonate through ANGEL EYE</td>
</tr>
<tr>
<td>David Crowther</td>
<td>The Graduate Nursing Student Experience in Computer-Mediated Classes: A Grounded theory Study</td>
</tr>
<tr>
<td>Sharon Karp</td>
<td>Recruiting vulnerable populations for research: Roadblocks or opportunities for doctoral students and other researchers</td>
</tr>
<tr>
<td>Kimberly Jones</td>
<td>Contributing Factors to Salutogenesis: Persons with Chronic Illness</td>
</tr>
<tr>
<td>Leticia Martinez</td>
<td>The Impact of Bilirubin Testing on Neonates in the Newborn Clinic</td>
</tr>
<tr>
<td>Diana Meeks-Sjostrom</td>
<td>Clinical Decision Making of Nurses' Regarding Elder Abuse</td>
</tr>
<tr>
<td>Thomas (Thom) Mendez</td>
<td>Family Cohesion, Mastery, and Acculturation as Predictors of Depression in Pregnant Hispanic Women</td>
</tr>
<tr>
<td>Amber Brown</td>
<td>The Association between Spirituality and Health Outcome Measures</td>
</tr>
<tr>
<td>Melissa Ethington</td>
<td>Outcomes of Including HESI Speciality Exams as a Component of Course Grades</td>
</tr>
<tr>
<td>Pamela Sharp</td>
<td>Cardiac Allograft Vasculopathy and Steroid Therapy: Impact on Perceived Health Status and Functional Capacity in Heart Transplant Recipients</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Eric Hodges</td>
<td>Reliability of the Nursing Child Assessment of Feeding Scale during Toddlerhood</td>
</tr>
<tr>
<td>Jennifer Kelly</td>
<td>The Lived Experiences of Pre-Term and Pre-Labor Stress</td>
</tr>
<tr>
<td>Dionne Roberts</td>
<td>Effectiveness Of A Nurse-Client Interaction On Adherence To A Hypertensive Regimen</td>
</tr>
<tr>
<td>Michelle Villegas</td>
<td>What is the role of the acute care nurse as the care environment moves into the community in times of a disaster?</td>
</tr>
<tr>
<td>Sarah Kelly</td>
<td>Gang Violence and Adolescents' Self-Concept</td>
</tr>
<tr>
<td>Daurice Grossniklaus</td>
<td>Dietary patterns among overweight African American adults</td>
</tr>
<tr>
<td>Tina Antill</td>
<td>The Effect of Cognitive Stimulation on the Weight of Children Ages 1-6 Years</td>
</tr>
<tr>
<td>Angel Parker</td>
<td>A Qualitative Analysis of Remediation and Rehabilitation Activities in Nursing Students’ Performance Improvement Plans</td>
</tr>
<tr>
<td>Allison Lewis</td>
<td>STETHOSCOPES AS A VECTOR FOR THE TRANSMISSION OF HOSPITAL ACQUIRED INFECTIONS</td>
</tr>
<tr>
<td>Paul Shank</td>
<td>Implementation of a Reengineering Program in Community Health Centers Serving Indigent Population</td>
</tr>
<tr>
<td>Robin Lockhart</td>
<td>Developing a Competency Transcript</td>
</tr>
<tr>
<td>Paula Kopp</td>
<td>Cardiovascular Health Promotion Practices among Coastal Mississippians after Hurricane Katrina</td>
</tr>
<tr>
<td>Tsuey-Yuan Huang</td>
<td>Validation of the Chinese Version of the Modified Pulmonary Functional Status and Dyspnea Questionnaire with heart failure patients in Taiwan</td>
</tr>
<tr>
<td>Denise Lucas</td>
<td>Association between having health insurance and health screening</td>
</tr>
<tr>
<td>Nancy Ahern</td>
<td>Resiliency in Adolescent College Students</td>
</tr>
<tr>
<td>April Matthias</td>
<td>Paradigm Shift: Global Innovative Pedagogies for Nurse Educators</td>
</tr>
<tr>
<td>Melinda Stanley-Hermanns</td>
<td>Pilot Study: The Illness Experience of Persons with Parkinson's Disease</td>
</tr>
<tr>
<td>Nona Fain</td>
<td>Clinical and Cost-Effectiveness of iPOD-based vs. Traditional Diabetes Education</td>
</tr>
<tr>
<td>Bernice Mowery</td>
<td>Effects of Sucrose on Immunization Injection Pain in Hispanic Infants</td>
</tr>
<tr>
<td>Camille Hanson</td>
<td>EFFECTS OF CAFFIENE DOSAGE ON HEART RATE VARIABILITY IN THE PRETERM INFANT</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Laura Lebo</td>
<td>EFFECTS OF TWO- VERSUS THREE-DIMENSIONAL ULTRASOUND ON MATERNAL-FETAL BONDING</td>
</tr>
<tr>
<td>Erica Yu</td>
<td>The Perception and Knowledge of Cardiovascular Risk Factors Among Chinese Americans</td>
</tr>
<tr>
<td>Bridgette Johnson</td>
<td>Empowering Self-Care: A Model for Influencing Health Outcomes</td>
</tr>
<tr>
<td>Christine Olney</td>
<td>Determining Long Term Effects and Dosage of Back Massage for Persons with Elevated Blood Pressure: A Clinical Trial</td>
</tr>
<tr>
<td>Mei-Kuei Tai</td>
<td>Ambulatory Blood Pressure Dipping and Physical Activity in Heart Failure-A Pilot Study</td>
</tr>
<tr>
<td>Jan Odom Forren</td>
<td>Anxiety and Perceived Control After Acute Myocardial Infarction in an International Population</td>
</tr>
<tr>
<td>Monica Salgado</td>
<td>Functional Fitness: Lifespan Developmental Applications</td>
</tr>
<tr>
<td>Kristin Ashford</td>
<td>Successful Postpartum Smoking Abstinence</td>
</tr>
<tr>
<td>Alison Jones</td>
<td>Measurement of 8-isoprostane in Exhaled Breath Condensate: A Biomarker in Pulmonary Disorders</td>
</tr>
<tr>
<td>Michelle Nelson</td>
<td>Reliability and Validity of the Perceived Stress Scale</td>
</tr>
<tr>
<td>Cleo Richard</td>
<td>Negotiating Care During Hemodialysis- A Pilot Study</td>
</tr>
<tr>
<td>Jordan Graves</td>
<td>RELATIONSHIPS BETWEEN HEALTH CARE UTILIZATION AND CAM USE: PERSONAL AND CULTURAL FACTORS AMONG ADULTS</td>
</tr>
<tr>
<td>Carol Smith</td>
<td>Testing the validity of a one-item quality of life assessment tool in heart failure</td>
</tr>
<tr>
<td>Rebecca Helmreich</td>
<td>Obesity on Vagal Tone and HbA1c during Pregnancy</td>
</tr>
<tr>
<td>Lisa Maggio</td>
<td>Secondhand Smoke Exposure at the Kentucky State Capitol</td>
</tr>
<tr>
<td>Deborah Jones</td>
<td>Identification of a Nosocomial Pathogen by PCR Genotyping</td>
</tr>
<tr>
<td>Tamika Anderson</td>
<td>Sudden Infant Death Syndrome: Infant Safe Sleep Patient Teaching and Nurse Modeling in North Carolina Hospitals</td>
</tr>
<tr>
<td>Connie White-Williams</td>
<td>Working at Five to Six Years After Heart Transplantation</td>
</tr>
<tr>
<td>Deborah Gritzmacher</td>
<td>Primary Care Providers (PCPs) best practice methods for obtaining a sexual history</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Carolyn Davis</td>
<td>Using the ACE Star Model to Transform Evidence for Pregnant Adolescents in the School Setting: An Evidence-Based Care Path</td>
</tr>
<tr>
<td>Heather Carter-Templeton</td>
<td>Nursing Students’ Literacy: A Literature Synthesis</td>
</tr>
<tr>
<td>Elizabeth Gressle-Tovar</td>
<td>Development of the Health Beliefs related to Cardiovascular Disease Scale (Study in Progress)</td>
</tr>
<tr>
<td>Brigit Carter</td>
<td>STRESS AND WORRY IN MOTHERS OF PRETERM INFANTS WHO EXPERIENCED NECROTIZING ENTEROCOLITIS DURING HOSPITALIZATION</td>
</tr>
<tr>
<td>Gia Mudd</td>
<td>BARRIERS TO UTILIZATION OF GENETIC SERVICES AMONG HISPANICS IN THE UNITED STATES: STATE OF THE SCIENCE</td>
</tr>
<tr>
<td>Desmarie DeCuir</td>
<td>PREDICTORS OF HEALTH PROMOTION BEHAVIORS REPORTED BY BLACK AMERICAN ADOLESCENT MALES</td>
</tr>
<tr>
<td>Polly McArthur</td>
<td>Methodologies of the University of Tennessee Study Utilizing Fetzer Multidimensional Measure of Religiousness/Spirituality</td>
</tr>
<tr>
<td>Doreen Wagner</td>
<td>Effects of preoperative warming on preoperative anxiety, stress hormone responses and pro-inflammatory cytokine production</td>
</tr>
<tr>
<td>MONTRICIA MONROE</td>
<td>Music and Dance: A Motivator for Fitness in Adolescents</td>
</tr>
<tr>
<td>HyungJu Park</td>
<td>The impact of sweet drinks and salty foods on adolescent obesity</td>
</tr>
<tr>
<td>Christine Abbyad</td>
<td>Black Healthcare Providers’ Perceptions of Ways in Which Black Women Prepare for Childbirth</td>
</tr>
<tr>
<td>Pamela Reis</td>
<td>All’s Well That Ends Well? Assessing Well-being in Pregnancy Using the Well-being Picture Scale</td>
</tr>
<tr>
<td>Ramona Patterson</td>
<td>Student Nurses’ Use of Personal Digital Assistants in the Clinical Setting: A Review of Nursing Literature</td>
</tr>
<tr>
<td>Lynn Roser</td>
<td>Heart Failure Symptom Expression by Body Mass Index in Patients with Heart Failure</td>
</tr>
<tr>
<td>Janet Pelletier</td>
<td>The Experience of Waiting for a Transplant for the Transplant Candidate and Spouse</td>
</tr>
<tr>
<td>Shainy Varghese</td>
<td>The Lived Experience of Adolescents with Sickle Cell disease</td>
</tr>
<tr>
<td>Randall Johnson</td>
<td>State of the Science Ventilator Associated Pneumonia in the Pediatric Intensive Care Unit</td>
</tr>
<tr>
<td>Susan Hedgecock</td>
<td>MOVING TOWARD TOBACCO FREEDOM</td>
</tr>
<tr>
<td>Name</td>
<td>Presentation Title</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ann Warner</td>
<td>Experiences of Family Caregivers for Adults with Oxygen Dependent COPD</td>
</tr>
<tr>
<td>Jane Garvin</td>
<td>Obesity: Findings From Records of Hospitalized COPD Patients</td>
</tr>
<tr>
<td>Rosemarie Garza</td>
<td>Evaluation of Outcomes in Hypertension Control with JNC 7 Protocols</td>
</tr>
<tr>
<td>Karen Mellott</td>
<td>Manifestation and Effect of Patient Ventilator Dysynchrony: A Pilot Study</td>
</tr>
<tr>
<td>Barbara Reyna</td>
<td>The Effect of Feeding Experience on Heart Rate Variability in Preterm Infants</td>
</tr>
<tr>
<td>Valerie Maldonado</td>
<td>Asthma Health Knowledge, Management, and Acculturation among Hispanic Mothers</td>
</tr>
<tr>
<td>Amber Hoehne</td>
<td>Youth Access Laws and Changes in Sources of Tobacco</td>
</tr>
<tr>
<td>Jennifer McWha</td>
<td>Effect of Simulation on Student Clinical Decision-Making Self-Efficacy for Symptom Management</td>
</tr>
<tr>
<td>Patricia Walker</td>
<td>Nurses’ Knowledge and Perceptions of Alternative and Complementary Therapies</td>
</tr>
</tbody>
</table>

**11:15:00 AM**

**3A-Symposium: Rural Center Research**

<table>
<thead>
<tr>
<th>Name</th>
<th>Presentation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Utz</td>
<td>Symposium Rural Center: Recruiting Research Participants in Rural Minority Communities: What Works?</td>
</tr>
<tr>
<td>Hyekyun Rhee</td>
<td>Symposium Rural Center: Application of Computer-Assisted Intervention and an On-Line Data Collection Method in Rural Adolescents with Asthma</td>
</tr>
<tr>
<td>Melissa Sutherland</td>
<td>Symposium Rural Center: Issues in Recruiting Abused Women Living in Rural Areas</td>
</tr>
<tr>
<td>Marianne Baernholdt</td>
<td>Symposium Rural Center: Developing a Secondary Dataset Appropriate for Nursing Research on Rural Health: Theoretical, practical and Methodological Issues</td>
</tr>
</tbody>
</table>

**3B-RIG Sponsored Symposium: Biobehavioral Research Pearls and Pitfalls: Improving Patient Outcomes When Bench Meets Bedside**

<table>
<thead>
<tr>
<th>Name</th>
<th>Presentation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlene Krueger</td>
<td>RIG Sponsored Biobehavioral Symposium: METHODS TO EVALUATE FETAL AND PRETERM INFANT AUDITORY PROCESSING CAPABILITIES: A REVIEW</td>
</tr>
<tr>
<td>Rita Jablonski</td>
<td>RIG Sponsored Biobehavioral Symposium: Improving Patient Outcomes when Bench Meets Bedside</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Debra Lyon</td>
<td>RIG SPONSORED BIOBEHAVIORAL SYMPOSIUM: DEPRESSION, CYTOKINES AND TRYPTOPHAN LEVELS IN WOMEN WITH BREAST CA PRIOR TO CHEMO</td>
</tr>
<tr>
<td>Cindy Munro</td>
<td>RIG Sponsored Biobehavioral Symposium: Measuring Immune Function-What's New and What Works</td>
</tr>
<tr>
<td>Anne Boyle</td>
<td>RIG Sponsored Biobehavioral Symposium: Oral Health of Persons with COPD</td>
</tr>
<tr>
<td>Pao-Feng Tsai</td>
<td>RIG Sponsored Biobehavioral Symposium: Use of Tai Chi to reduce cognitive deficits in elders-A pilot study</td>
</tr>
</tbody>
</table>

**3C-Paper: Spirituality and Special Populations**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eileen Noto</td>
<td>The Meaning of Spirituality and Spiritual Nursing Care for the Ill Individual with No Religious Affiliation</td>
</tr>
<tr>
<td>Linda Rath</td>
<td>Intercessory Prayer As An Intervention for Stress In Critically-Ill Neonates</td>
</tr>
<tr>
<td>Maureen Rauschhuber</td>
<td>Last Opportunities: Cardiac Risk, Anger and Spirituality Among Female College Students</td>
</tr>
<tr>
<td>D. Jesse</td>
<td>Race, Psychosocial, and Spiritual Factors Associated with Depressive Symptoms among Rural Southern Pregnant Women</td>
</tr>
</tbody>
</table>

**3D-Paper: Adolescent Health and Behavior**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Stiles</td>
<td>Improving Relational Boundaries between Teen Mothers and Their Mothers: A Pilot Study</td>
</tr>
<tr>
<td>Elizabeth Bonham</td>
<td>Hoping: A Mental Health Process Voiced By Youthful Offenders</td>
</tr>
<tr>
<td>Maureen Covelli</td>
<td>Prevalence of Behavioral and Physiological Risk Factors of Hypertension in African American Adolescents</td>
</tr>
<tr>
<td>Bunny Forgione</td>
<td>MATERNAL-FETAL ATTACHMENT IN THE ADOLESCENT: AN ECOLOGICAL PERSPECTIVE</td>
</tr>
</tbody>
</table>

**3F-Paper: Research in Genetics**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NANCY BUCCOLA</td>
<td>MOLECULAR GENETICS OF SCHIZOPHRENIA</td>
</tr>
<tr>
<td>susan letvak</td>
<td>Genomic Medicine and the Public’s Desire to Know</td>
</tr>
<tr>
<td>Susan Appel</td>
<td>HINDIII Polymorphism and Insulin in Determination of Plasma PAI-1</td>
</tr>
</tbody>
</table>
Jennifer Dungan  Hypertensives show downregulated expression of adrenoceptor genes in arterial tissue.

11:45:00 AM  
3E-Paper: Women, Stress and Coping

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith McFarlane</td>
<td>Intimate Partner Rape, Pregnancy &amp; Women’s Health: A Two Group Comparative Study</td>
</tr>
<tr>
<td>Maria Pettinato</td>
<td>Nobody Was Out Back Then: Abuse of Alcohol by Midlife and Older Lesbians</td>
</tr>
<tr>
<td>Joanne Hall</td>
<td>Critical Realism as a Framework for Translating Narratives of Overcoming Childhood Maltreatment</td>
</tr>
<tr>
<td>Debra Anderson</td>
<td>Women, poverty and workplace violence</td>
</tr>
</tbody>
</table>

02:00:00 PM  
4A-Paper: Depressive Symptoms in Varied Populations

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra Moser</td>
<td>Nonadherence is a Mediator of the Link Between Depressive Symptoms, and Rehospitalization or Mortality in Patients with Heart Failure</td>
</tr>
<tr>
<td>Misook Chung</td>
<td>Similarity of Depression Levels Between Heart Failure Patients and Their Spousal Caregivers</td>
</tr>
<tr>
<td>Kenn Kirksey</td>
<td>Lipodystrophy and Depressive Symptomatology in HIV/AIDS</td>
</tr>
<tr>
<td>Elizabeth Van Horn</td>
<td>Depressive Symptoms in Men after Traumatic Injury: Examination of Associated and Influencing Factors</td>
</tr>
</tbody>
</table>

4B-Symposium: Cultural Beliefs and Body Weight

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Barton</td>
<td>Symposium IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT:</td>
</tr>
<tr>
<td>Sharon Barton</td>
<td>Symposium IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT: MY BIG BEAUTIFUL BABY: FAMILY PERCEPTIONS OF INFANT GROWTH</td>
</tr>
<tr>
<td>Shannon Dowdall-Smith</td>
<td>Symposium IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT: FEEDING PRACTICES AND HEALTH PERCEPTIONS OF MOTHERS IN RURAL NORTHWESTERN PENNSYLVANIA</td>
</tr>
<tr>
<td>Elizabeth Reifsnider</td>
<td>Symposium: IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT: CULTURAL PRACTICES AND OVERWEIGHT AMONG TODDLERS IN THE LOWER RIO GRANDE VALLEY</td>
</tr>
</tbody>
</table>
### 4C-Symposium: Stories of Health Challenges Inform Nursing Practice

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Liehr</td>
<td>Symposium Liehr: Mining the Evidence in Health Challenge Stories to Inform Nursing Practice</td>
</tr>
<tr>
<td>Mary Jane Smith</td>
<td>Symposium Liehr: Living the Health Challenge of Obesity: Stories of Adolescents</td>
</tr>
<tr>
<td>Suzy Walter</td>
<td>Symposium Liehr: A Case Study of An Adolescent's Health Challenge with Chronic Daily Headaches</td>
</tr>
<tr>
<td>Debra Hain</td>
<td>Symposium Liehr: Evidence Emerging in the Lifestyle Challenge Stories of Hemodialysis Patients</td>
</tr>
</tbody>
</table>

### 4D-Paper: Maternal Adaption

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Weis</td>
<td>Impact of Prenatal Maternal Identity Formation, Military Deployment, Family Adaptability, and Community Support on Postpartum Maternal Identity Attainment</td>
</tr>
<tr>
<td>Debra Scrandis</td>
<td>Social Support Usage Among Inner City Women with Postpartum Depressive Symptoms</td>
</tr>
<tr>
<td>Jacqueline McGrath</td>
<td>Maternal Depression and Infant Temperament Characteristics</td>
</tr>
<tr>
<td>Jean Hannan</td>
<td>Follow up care with low socioeconomic first time mothers</td>
</tr>
</tbody>
</table>

### 4E-Paper: Innovations in Baccalaureate Education

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Baliko</td>
<td>Living with Loss by Homicide - A Phenomenological Study</td>
</tr>
<tr>
<td>Laree Schoolmeesters</td>
<td>The Effect of Reflexology on Self-Reported Joint Pain</td>
</tr>
<tr>
<td>Cheryl Woods Giscombe</td>
<td>STRESS, COPING, AND HEALTH IN AFRICAN AMERICAN WOMEN: DEVELOPING A MODEL TO EXAMINE THE INTERSECTION OF RACE, GENDER, AND ‘GENERIC’ STRESS</td>
</tr>
<tr>
<td>Donelle Barnes</td>
<td>Measuring social support for Cuban refugees</td>
</tr>
</tbody>
</table>

### 4F-Paper: Dementia in the Older Adult

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Liehr</td>
<td>Stories of Stress as Markers of Change for People Living in a Therapeutic Community</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Joan Wasserman</td>
<td>Measuring Health Related Quality of Life (HRQoL) in Stroke Survivors</td>
</tr>
<tr>
<td>Eileen Rossen</td>
<td>Association of Health, Relationships, and Relocation Self-Efficacy to Quality of Life in Older Adults Contemplating Relocation to Independent Congregate Living Facilities</td>
</tr>
<tr>
<td>Kathleen Jett</td>
<td>Improving the Health Care Encounter with Haitian Elders Living in the United States</td>
</tr>
</tbody>
</table>

**04:15:00 PM**

**5A-Symposium: Promotoras and Self-Management of Diabetes**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanda Borges</td>
<td>Improving the Use of Diabetes Education Services Using Promotoras</td>
</tr>
<tr>
<td>Josefina Lujan</td>
<td>The Effectiveness of a Promotora-Led Intervention for Mexican Americans with Type 2 Diabetes</td>
</tr>
<tr>
<td>Wanda Borges</td>
<td>The Role of Promotoras in Diabetes Self-Management Education: Research Findings</td>
</tr>
</tbody>
</table>

**5B-Symposium: Improving Clinical Measures and Quality of Data**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick McNees</td>
<td>Live Item Index Technique (LIITE): Taking out the noise- a tool for improving measurement sensitivity and analytical efficiency</td>
</tr>
<tr>
<td>Victoria Wochna Loerzel</td>
<td>DATA INTEGRITY: THE VALUE OF CLINICAL CONTEXT IN DATA PREPARATION AND ENTRY</td>
</tr>
<tr>
<td>Karen Dow</td>
<td>DATA CAPTURE, SECURITY AND INTEGRITY IN AN ELECTRONIC ENVIRONMENT</td>
</tr>
<tr>
<td>Patrick McNees</td>
<td>Integrating Presentation: Threats to Sustainability: Tools, Tactics and Strategies for Improving the Research Enterprise</td>
</tr>
</tbody>
</table>

**5C-Paper: Risks to Preterm and Low Birth Weight Infants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rita Pickler</td>
<td>THE EFFECT OF FEEDING EXPERIENCE ON CLINICAL OUTCOMES IN PRETERM INFANTS</td>
</tr>
<tr>
<td>June Cho</td>
<td>EFFECTS OF MATERNAL DEPRESSIVE SYMPTOMS AND GENDER ON THE INTERACTIONS BETWEEN MOTHERS AND THEIR MEDICALLY AT-RISK INFANTS</td>
</tr>
</tbody>
</table>

**5D-Paper: Nurses in the Workplace 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mickey Parsons</td>
<td>Professional Nursing Practice Environment: Developing and Testing an Instrument</td>
</tr>
</tbody>
</table>
Phyllis Tipton | Predictors of Relapse for Nurses Participating in a Peer Assistance Program

Noreen Esposito | Experiences of Discrimination in Health Care Settings

**5E-Paper: Renal and Respiratory Challenges**

Anita Jablonski | Adequacy of Symptom Management in the Hemodialysis Population

Hongxia Liu | Coping and Health-related Quality of Life in Renal Transplant Patients

Georgia Narsavage | Individual characteristics, biomarkers and costs of rehospitalization for patients with Chronic Obstructive Pulmonary Disease

Mary Jo Grap | Comparison of definitions of ventilator associated pneumonia

**5F-Paper: Family Caregivers**

Marie-Luise Friedemann | Ethnic Differences in Patterns of Family Caregiving to Elders with Chronic Illness

Kathleen Lucke | The Experiences of Hispanic Family Caregivers following Spinal Cord Injury

Charles Walker | Linking Dichotomous Concepts: Experiences of Employed Family Caregivers

Mona wicks | INSIGHT for Black Female Caregivers of Persons with ESRD

**Saturday, February 24, 2007**

**08:30:00 AM**

**6A-Symposium: Core Competencies for Evidence-Based Practices**

Kathleen Stevens | Symposium Stevens: OVERVIEW OF CORE COMPETENCIES IN EVIDENCE-BASED PRACTICE

Kathleen Stevens | Symposium Stevens: NATIONAL CONSENSUS ON ESSENTIAL EBP COMPETENCIES FOR NURSING

Judith Trotti | Symposium Stevens: PSYCHOMETRIC PROPERTIES OF THE ACE ONLINE EBP READINESS INVENTORY

Mary Heye | Symposium Stevens: USING NATIONAL RECOMMENDATIONS TO TEACH EBP IN AN UNDERGRADUATE COURSE

**6B-Symposium: Recruitment and Retention in Special Populations**

Patricia Solum | Recruiting and Retaining Homeless Adolescents for a Street-Based intervention
LONGITUDINAL RETENTION STRATEGIES FOR WEIGHT RESEARCH DURING POSTPARTUM: THE AUSTIN NEW MOTHERS EXPERIENCE

Enrique Guevara Recruiting Ethnic Minority Cancer Patients for Internet Research

Heather Becker Recruiting and Retaining Persons With Disabilities for Intervention Research

Graham McDougall, Jr Recruitment and Retention of Underserved Populations In

6C-Paper: Health Care Issues of Pregnant Women

Marilyn Handley Spiritual and Psychosocial Needs of Antepartal Women on Bedrest

Margaret Miles Preterm Maternal Distress Model

Robin Fleschler Health Behaviors in Pregnant Mexican Immigrant Women

Gail Williams A Qualitative Analysis of Outcomes of Intimate Partner Violence During Pregnancy

6D-Paper: Diabetes Management

Jie Hu Diabetes Self-Management and Health-Related Quality of Life among Chinese Older Adults with Diabetes

Sharon Utz Testing a Culturally-Tailored Intervention for Rural African Americans with Diabetes

Alexandra Garcia Exploring Mexican Americans' Diabetes Symptoms

Scharalda Jeanfreau A Grounded Theory Study of Transitions Toward Self-Management of Type 2 diabetes as Experienced by Adults

6E-Paper: Symptom and Illness Management

Susan Frazier A systematic evaluation of current nursing care provided to mechanically ventilated patients

Elizabeth Coleman Benefits of Exercise in Combination with Epoetin Alfa for Multiple Myeloma

Barbara Smith Physical Activity and Nutrition in HIV: CVD and Metabolic Complications

Suzanne Prevost Pain Among Healthy Young, Middle-Aged, and Elderly Adults
6F-Paper: Health Promotion and Quality of Life for Older Adults

Kathy Richards  Predictors of Nighttime Total Sleep in Elders with Dementia
Elaine Souder  Use of Cholinesterase Inhibitors Among Caucasians and African Americans with Dementia
Catherine Cole  Relationship between Caregiver Report of Nighttime Agitated Behaviors and Sleep In People with Dementia

10:15:00 AM
7A-Symposium: Evidence-Based Practice Changes

June LARRABEE  Symposium Larrabee: Systematic Evidence-Based Practice Change
Dorothy Oakes  Symposium Larrabee: Systematic Evidence-Based Practice Change
Mary Fanning  Symposium Larrabee: Systematic Evidence-Based Practice Change
Mary Lynne Withrow  Symposium Larrabee: Systematic Evidence-Based Practice Change

7B-Paper: Evidence-Based Practice with Chronically-Ill Children

Patricia Burkhart  Is Peak Flow Monitoring Effective in Improving Health Outcomes for Children with Asthma?
Marti Rice  Predictors of Trait Anger in 9 and 10-year-old Children: Baseline Findings From The Federally-Funded PASS Project
Michael Weaver  ANTHROPOMETRIC AND PSYCHOLOGICAL PREDICTORS OF BLOOD PRESSURE IN CHILDREN 9 & 10 YEARS OF AGE

7C-Paper: Health Promotion in Women

Judith Payne  Biomarkers, Fatigue, Sleep Disturbances, and Depressive Symptoms: An Exercise Intervention for Older Women
Na-Jin Park  Breast cancer risk, distress, and natural killer cell activity in healthy women
Ann Peden  Predictors of the Physical Health Status of Low-Income Mothers with Young Children
Carrie Jo Braden  Hispanic Women’s Change in Sources of Information Across 7 Months of Breast Cancer Treatment Experience: Self-Help Intervention Outcome.
### 7D-Paper: Qualitative and Mixed Methods Research

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Gunther</td>
<td>'Now I understand': A phenomenological study of deferred empathy</td>
</tr>
<tr>
<td>Mary Kay Rayens</td>
<td>A New Methodology for Nursing Research: Propensity Score Analysis</td>
</tr>
<tr>
<td>Elnora Mendias</td>
<td>Perceptions of health and self care of persons with HIV/AIDS: Comparison of two methodologies</td>
</tr>
</tbody>
</table>

### 7E-Paper: Environmental Threats to Health

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Lee Ridner</td>
<td>Tobacco Marketing among College Students</td>
</tr>
<tr>
<td>Ellen Hahn</td>
<td>Effect of a Smoke-free Law on Asthma and Cardiac Events</td>
</tr>
<tr>
<td>Sherry Hendrickson</td>
<td>Maternal Perceptions of Home Safety</td>
</tr>
</tbody>
</table>

### 7F-Paper: Cardiovascular Health

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean McSweeney</td>
<td>Black, Hispanic and White Women's Symptoms of Coronary Heart Disease</td>
</tr>
<tr>
<td>Deborah Chapa</td>
<td>The role of Implantable Cardioverter Defibrillator (ICD) and Cardiac Re-synchronization Therapy (CRT) in heart failure patients: Evidence from clinical trials</td>
</tr>
<tr>
<td>Barbara Graves</td>
<td>ACCESS TO CARDIAC INTERVENTIONAL SERVICES IN ALABAMA AND MISSISSIPPI: A GEOGRAPHICAL INFORMATION SYSTEM ANALYSIS</td>
</tr>
<tr>
<td>Teresa Kelechi</td>
<td>A Descriptive Study of Skin Temperature, Tissue Perfusion, and Tissue Oxygen in Patients with Chronic Venous Insufficiency</td>
</tr>
</tbody>
</table>
Elders' Decisions to Enter Assisted Living Facilities: A Grounded Theory Study

Presenting Author: Shu-li Chen PhD
Address: 1200 Volunteer Blvd.
Knoxville, TN 37996
USA
Ph: Fax: 865-974-3569
Email: schen4@utk.edu
Institution: University of Tennessee

Author List:
Shu-li Chen
Shu-li Chen

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-The University of Tennessee College of Nursing

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Current literature is lacking about why and how elders decide to relocate and choose one form of housing option over another. Thus, the purpose of this qualitative study was to develop a substantive theory of elders' decision-making process to relocate to an assisted living facility. A purposive sample of 28 elders who resided in assisted living facilities was interviewed using a face-to-face, semi-structured format. Based on the study findings, the story of elders' decisions to enter an assisted living facility is a story about "weighing and balancing gains and losses" to "go to where the help is". When anticipated gains outweighed losses of the relocation to an assisted living facility, the elders made the relocation decision. Deciding to enter an assisted living facility was precipitated by "declining abilities" which were declines in functional, social, or physical abilities. A large number of internal and external hindering and facilitating factors affected the weighing and balancing of gains and losses were sought, including: attitudes, values, beliefs, knowledge, family proximity, cost, facility availability, information, and others. The outcome or consequence of the decision-making process was "going where the help is". The study also found that these elders, their family, or both together, continued to weigh and balance the gains and losses of the relocation to the assisted living facility. In summary, the study expands the knowledge about elder decision-making regarding to residential options. Results of this study also provide a foundation for health care providers to design, develop, and implement interventions that can promote positive relocation experiences by the elders to assisted living facilities.

Back to Top
“Take My Hand, Help Me Out:” Mental Health Patients’ Experience of the Therapeutic Relationship

Presenting Author: Mona M. Shattell PhD, RN
Address: 222 N. Elam Ave.
Greensboro, NC 27403
US
Ph: Fax: (336) 334-3628
Email: mona.shattell@gmail.com
Institution: University of North Carolina at Greensboro

Author List:
Mona Shattell
Mona Shattell

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Statement of Purpose: The purpose of this study was to describe mental health patients’ experience of the therapeutic relationship.

Research Questions: The research question was “what is therapeutic about the therapeutic relationship?”

Significance: The therapeutic relationship is foundational to the delivery of nursing care. The patient’s perspective of the therapeutic relationship is important if appropriate interpersonal nursing interventions are to be implemented.

Methods: This secondary analysis study was conducted, after approval by the university’s IRB, using data from 20 individual interviews with community-dwelling adults with mental illness, who were asked to talk about their experiences of being understood by a health care provider. Interview transcripts were read and analyzed, this time examining and interpreting texts for the experience of the therapeutic relationship. The question we asked of the texts was “what is therapeutic about the therapeutic relationship?” The data were analyzed using the systematic data analysis method described by Thomas and Pollio (2002).

Findings: Individuals experienced therapeutic relationships against the backdrop of challenges including mental illness, domestic violence, substance abuse, and homelessness. Participants experienced therapeutic relationships with nurses, physicians, psychologists, social workers, and counselors. Experiences of the therapeutic relationship were expressed in three figural themes, titled using participants’ own words: “Relate to me,” “know me as a person,” and “get to the solution.”

Discussion: The ways in which these findings manifest in therapeutic relationships may challenge some long held beliefs such as the use of touch, self-disclosure, and blunt feedback. The therapeutic relationship for persons with mental illness, as described by our participants, requires in-depth personal knowledge requiring time, understanding, and skill. Knowing the whole person, versus knowing the person only as a patient, can be a reminder to practicing nurses and nurse educators interested in enhancing the therapeutic potential of the relationship.
Abstract ID: 22

Diabetes Symptom Self-Care Inventory (DSSCI): Revision and Pilot Testing

Presenting Author: Alexandra A. Garcia PhD, RN
Address: 1700 Red River
Austin, TX 78701
USA
Ph: Fax:
Email: agarcia@mail.nur.utexas.edu
Institution: The University of Texas at Austin School of Nursin

Author List:
Alexandra Garcia
Alexandra Garcia

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: -The Center for Health Promotion Research NINR/NIH #5 P30 NR005051
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Intensive diabetes self-management, starting with symptom management, can effectively prevent and minimize complications. A culturally relevant, reliable, and valid measurement of symptoms and treatments is needed to improve diabetes self-management education, diabetes control, and quality of life.

This instrumentation study was conducted to revise and pilot the DSSCI, an index developed for Mexican-Americans. The research question was: What are the psychometric properties of the revised DSSCI?

A convenience sample of community-dwelling Mexican-Americans with type 2 diabetes was recruited from central and south Texas. In Phase I (n = 45) 7 focus groups were conducted to explore symptom experience. In Phase II (n=16) cognitive interviews were used to explicate the thought processes participants use to understand and answer items. In Phase III (n=80) the revised DSSCI was administered on two occasions and with established questionnaires to gather evidence for test-retest and inter-rater reliability and convergent validity. In Phase IV (n=60) after further refinements to the DSSCI, more data were gathered to assess stability and validity. Data were analyzed using descriptive and correlational statistics.

Phase I participants described many conventional and unique symptoms used to evaluate their diabetes status and guide treatments. These data led to a more culturally-relevant symptom list and response format. In Phase II cognitive interviews informed changes in item wording, response choices, and format. Phase III analyses provided evidence of good inter-rater reliability (kappa and ICC=1.00) and convergent validity (r=0.66, p < .001 with CES-D; r= 0.39, p < .001 with ADQoL). Low test-retest reliability coefficients were perhaps due to symptoms' transient nature. In Phase IV the retest interval was shortened to 48 hours to better assess stability.

The revised DSSCI is an easy to administer and valid measure of Mexican-Americans' diabetes symptoms and treatments for clinical and research settings.

Back to Top
Abstract ID: 26

Registered Nurses’ Perceptions of the BNE Mandated Peer Review Process for Registered and Licensed Nurses

Presenting Author: Terry Throckmorton PhD, RN
Address: 506 Wild Peach Place Houston, Texas 77459 USA Ph: Fax: 713-563-3189 Email: tthrockm@mdanderson.org Institution: UTMDACC

Author List:
Terry Throckmorton
Terry Throckmorton

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-TNA, district 9
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
The Texas Nursing Practice Act mandates that every institution with 10 or more RNs establish a peer review committee for errors and other nursing practice act violations. Nurses’ anecdotal reports indicate that many of these committees are management, not peer, driven. Texas Nurses’ Association informal surveys have resulted in similar conclusions. No formal assessment of this program exists. This process will be evaluated for possible revision or deletion in the 2007 legislature.

The purpose of this study is to determine registered nurses’ perceptions of the peer review committee, the most appropriate make-up and practices of the committee, the general environment for reporting errors, and factors affecting their perceptions. The research questions address RNs’ perceptions of the peer review process, the composition of the committees, perceptions of the environment for reporting, and factors associated with RNs’ perceptions.

Coded questionnaire packets containing a letter of explanation, demographic data form, and the peer review process and environmental perception scales are being mailed to a random sample of 1275 registered nurses selected from the BNE roster. Postcard reminders will be mailed after two weeks and a second questionnaire packet after four weeks.

Descriptive statistics will be used to summarize the data and describe the sample. Regression analysis will be used to determine the relationship of years of experience, education, professional association membership, professional practice education, place of employment, location of the employing institution, number of RNs in the institution, and perceptions of the reporting environment with perceptions of the peer review process. Reliability and validity of each instrument will be reassessed for this group.

Findings will include nurses’ perceptions of how peer review should occur, perceptions of the environment for reporting errors, factors related to these perceptions, and their recommendations for revision of the process. This study will be completed in July, 2006.
Abstract ID: 37

Medical Screening Examinations to Reduce Overcrowding in the Emergency Department

Presenting Author: Kathleen A Nash PhD
Address: 301 University Blvd
Galveston, TX 77555-1029
USA
Ph: Fax: 409 772-3770
Email: kanash@utmb.edu
Institution: University of Texas Medical Branch

Author List: Kathleen Nash

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Purpose: The goal of this study was to evaluate whether using medical screening examinations (MSE) in the emergency department is successful in reducing emergency department (ED) overcrowding by redirecting patients with non acute health care problems to more appropriate medical homes.

Significance: Over 108 million people visit emergency departments (ED) each year. Many of these patient visits are for primary care services rather than emergent health care needs. Because of this misuse of the ED, many of the nations’ EDs have become overcrowded. Recently a medical screening examination (MSE) process has been advocated to redirect patients to more appropriate resources for care in the community thereby reducing the number of patients treated in the ED.

Hypotheses: Evaluate whether time in department, time in room, left without being seen rate (LWBS), and unscheduled return rate will significantly decrease after full implementation of the MSE process.

Methods: An exploratory descriptive design utilizing a retrospective chart review was used. Data were collected for three different three month time periods. All acuity three visits generated during the time periods were included in the study (N = 15,205). One way ANOVAs were conducted to test for group differences in time in room and time in department statistics.

Results: The numbers of patients presenting to the emergency department with non acute problems decreased from 69 per day to 60 per day. The number of return visits to the emergency department declined, as did the LWBS rate. There were group differences in time in department (F = 103.4, df 2, p < .001), and time in room (F = 48, df 2, p < .001).

Discussion: Although time statistics are encouraging, it is unclear whether the patients who were screened out did find appropriate medical homes, or what happened to them beyond 72 hours. Further study is needed.

Back to Top
Goal Attainment Scaling and Health Behavior Change in Women with Fibromyalgia: Preliminary Findings

Presenting Author: Carole Taxis PhD
Address: The University of Texas at Austin School of Nursing 1700 Red River
Austin, TX 78701
USA
Ph: Fax: (512) 3688
Email: ctaxis@mail.nur.utexas.edu
Institution: The University of Texas at Austin

Author List:
Alexa Stuifbergen
Carole Taxis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Numerous studies have explored the importance of health promoting behaviors and symptom management strategies in persons with fibromyalgia syndrome (FMS). Many intervention studies are unable to demonstrate changes in outcomes due to limited sample sizes, large within group variance, or weak statistical designs. This presentation describes the use of Goal Attainment Scaling (GAS) methods to supplement existing outcome measures in assessing the impact of a wellness intervention for women with FMS.

GAS was used with the intervention participants (n =66) that completed an eight-week educational/skill building lifestyle change program and a three-month phone follow-up. At the end of classes, participants identified 2-4 goals they wished to achieve in the next three months in four areas: lifestyle adjustment, physical activity, stress management, and nutrition. The GAS process involves setting a realistic, precise, measurable, and achievable goal in a given time period. The goal behavior becomes the 0 point on the GAS and goals are scaled from -2 (much less than expected) to +2 (much better than expected) outcome. Goal attainment was measured 5 times over an 8-month period.

Participants had a mean age of 52.3 years, 15.4 years of education, the majority (81%) are Anglo and diagnosed with FMS for an average of 8.9 years. The initial mean GAS scores were close to the -2 point on the scale and were significantly higher at the end of the study. The pattern of GAS scores indicated that a majority achieved or exceeded their goal in each of the four areas by six weeks post-class. The highest level of goal attainment was in the area of lifestyle adjustment.

These preliminary findings indicate that women with FMS made important progress in reaching their self-identified health behavior goals and that GAS was sensitive to incremental changes common in many intervention studies.

Supported by 2R01HD35047
Abstract ID: 50

Developing Prescriptions to Increase Collaborative Social Communication in Persons with Dementia

Presenting Author: Gayle Acton PhD, RN
Address: 1700 Red River
Austin, TX 78701
U.S.
Ph: Fax: 512-471-4910
Email: gayle.acton@mail.utexas.edu
Institution: University of Texas at Austin School of Nursing

Author List:
Barbara Hopkins
Gayle Acton

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Health Services Research Program, a collaborative venture of TAMUS Health Science Center, School of Rural Public Health & Scott & White Memorial Hospital & Scott, Sherwood & Brindley Foundation
+Miscellaneous non-income support:
-University of Texas at Austin School of Nursing

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Communication difficulties between family caregivers and persons with dementia (PWD) may decrease communication opportunities for the PWD. Kitwood argues that successful collaborative communication can increase well-being and quality of life in PWDs. Collaborative communication is defined as a process whereby both persons engaged in conversation, participate in a back-and-forth exchange of information. The aim of this poster is to describe the development of communication prescriptions to promote collaborative communication in PWDs. Investigation into communication from PWDs shows that, at times, conversations between a nurse and a PWD flows evenly and effortlessly while at other times, the PWD seems to have trouble maintaining the conversation. In a secondary analysis of data from a previous study, transcripts of conversations between nurses and PWDs were searched for evidence of words or phrases that facilitated or blocked communication. Qualitative analysis and synthesis of these conversations yielded four categories of interviewer techniques: 1) open leads – a conversational cue that opens conversation but does not give a specific direction (Can you tell me a story?), 2) focused lead – a conversational cue that opens conversation and suggests a specific direction or subject (We certainly have had interesting weather lately, haven’t we?), 2) minimal cue – a conversational cue that is minimal in nature showing that he/she is engaged in the conversation, but the cue does not contribute to the topic of conversation (yes, OK, or head nod), and 4) supportive statements – words that indicate support or concern for the person (You are doing so well.). The analysis of data also showed that various strategies were necessary for different PWDs to promote collaborative communication. This poster will describe the analysis of nurse/PWD conversations and the development of individualized communication prescriptions to enhance collaborative communication.

Back to Top
An Exploration of the Concept of Parental Self-Efficacy

Presenting Author: Jonathan W Decker MSN, ARNP
Address: 5334 Birchbend Loop
      Oviedo, FL 32765
      USA
      Ph: Fax:
      Email: nursej1@msn.com
      Institution: University of Central Florida School of Nursing (P

Author List: Jonathan Decker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Key Words: Parental, Self-efficacy, Social Cognitive Theory

Purpose: Childhood obesity is reaching epidemic proportions. Parents are the primary agents of change for their children. While they have knowledge of healthy behaviors for their children, they may lack self-efficacy to change behavior. The purpose of this poster is to present the results of a concept analysis of parental self-efficacy.

Method: A Wilson-derived method was used to analyze the concept of parental self-efficacy. Disciplines included: nursing, medicine, psychology, education, sociology, social science, general science, business, politics, and humanities. A search using the terms parent, parental, and self-efficacy was conducted using these databases: PubMed, HealthScience, CINAHL, Medline, PsycINFO, ERIC, Education Full Text, Academic Search Premier, Sociological Abstracts, ECO (Electronic Collections Online), and INFOTRAC, with 886 hits resulting. Inclusion criteria included: English language articles from the past 15 years. Review of abstracts generated 55 articles on parental self-efficacy. Of these, 38 articles examined self-efficacy from a social-cognitive standpoint and were selected for analysis.

Findings: Analysis of the literature revealed eight groupings of key words. These word groups were further categorized into eight sub-concepts: confidence, ability, competence, knowledge or skills, influence, positive outcome, perseverance, and overcoming barriers. These sub-concepts were further grouped to form a definition of parental self-efficacy that appears to be consistent with the basic tenets of self-efficacy theory.

Discussion: The concept analysis led to the following definition of parental self-efficacy: “confidence or belief in one’s ability to competently use parenting knowledge or skills to influence their child(ren), with a positive effect, and to persevere and overcome any barriers that may arise in doing so.” This definition, then, may be used as a springboard for researchers interested in parental self-efficacy.
Advanced nurse practitioner as facilitator of a physical activity intervention with low-income women

Presenting Author: Barbara J Speck PhD, RN
Address: 9601 Somerford Court
Louisville, KY 40242
USA
Ph: Fax:
Email: bjspec01@louisville.edu
Institution: University of Louisville

Author List:
Barbara Speck
Barbara Speck

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: To describe the advanced registered nurse practitioner (ARNP) facilitated intervention in a six-month study with physically inactive low-income women.
Design: The theoretical basis of the intervention was the Health Promotion Model and one interpersonal influence variable was conceptualized as a health professional, an ARNP.
Setting: Church sponsored community center with nurse-managed clinic located in a low-income neighborhood.
Sample: 104 women were enrolled (Intervention group, N=51). Subjects mean age was 41.2, primarily African American (80%), and majority had annual incomes less than $10,000 (>60%). This presentation focuses on the intervention group.
Methods: Intervention: Multiple physical activity opportunities were provided at the community center and in the neighborhood, although subjects were not required to attend. The ARNP spent four hours per week facilitating intervention group activities. ARNP made personal phones calls to encourage attendance, led one community walk each week, and provided group sessions to discuss physical activity and general health.
Findings: There was a significant difference in positive change in perception of exercise between groups (as measured by the Total Barriers and Benefits Scale, p = .033). There were statistically significant differences from Time 1 to Time 2 in the intervention group for ARNP influence (p = <0.001) and for attendance from the first month to the sixth month (trend toward increasing attendance rates from 5% to 11%).
Discussion: This minimal intervention showed some positive changes (more positive perception of physical activity, positive ARNP influence, and increased attendance) for the intervention group. Further analyses may indicate other model variables may also contribute to results.
Effects of Complementary and Alternative Therapies on Mood States, Sleep Quality, and Social Engagement Among Dementia Residents in the Nursing Home

Presenting Author: Judith C. Drew Ph.D.
Address: 301 University Blvd. Rt 1029
Galveston, TX 77555-1029
USA
Ph: Fax: 409-747-1550
Email: jdrew@utmb.edu
Institution: The University of Texas Medical Branch

Author List:
Judith Drew
Judith Drew
Nona Fain

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
The purpose of this single cohort, descriptive time series study is to examine the effects of controlled exposures to aromatherapy, music therapy, exercise, and light therapy upon the mood states, nighttime sleep quality, levels of participation in social activities, mealtime appetite, and functional competence in activities of daily living among residents of a Specialized Dementia Care Unit (SDCU). Most types of dementia rob victims of cognitive memory and impair their abilities to function independently and as interactive members of the community. Findings from multiple research studies suggest that dementia sufferers have minimal levels of quality in their lives, yet current medical and pharmacologic interventions have been found to provide little relief. The continuing search for effective approaches to improving the quality of life for persons with dementia must be expanded to include low risk complementary and alternative therapies that literature suggests have a role in influencing bio-psycho-social variables in several other patient populations.

The research question guiding this study-in-progress is: What changes in observer-rated mood states, nighttime sleep quality, levels of participation in social activities, mealtime appetite, and functional competence in activities of daily living are experienced by SDCU residents over time and exposure to dose-controlled interventions of aromatherapy, music therapy, exercise and light therapy? Consent for participation was obtained from legally responsible parties for 22 SDCU residents. Baseline data were collected prior to introducing the interventions described earlier. Trained observers complete five outcome variable measures for each subject at one week, one month, and three months post baseline and enrollment. Inter-rater consistency will be evaluated. Assessment of the statistical significance of changes in scores on variable measures for each subject, over time, will be done using repeated-measures analysis of variance. Regression analysis will be used to construct a model of relationships among demographic data, interventions, and outcome variables.
Mechanical ventilation education and training for critical care nurses

Presenting Author: Sarah E. Kelly M.S.N.
Address: 3901 Rapid Run Drive Apartment 322
Lexington, KY 40515
USA
Ph: Fax:
Email: sarah.kelly@uky.edu
Institution: University of Kentucky

Author List:
Sarah Kelly

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Background: Mechanical ventilation is used to support ventilation and oxygenation for the critically ill. Although critical care nurses are responsible for the continuing care of this vulnerable group of patients, the education and training received by these nurses prior to providing care to ventilated patients has not been methodically evaluated and continuing education has not been comprehensively described. Education and training will affect critical care nurse decision making and may significantly influence patient outcome.

Purpose: To describe the education and training related to mechanical ventilation received by critical care nurses prior to their participation in the care of ventilated patients and to characterize their continuing education and training related to ventilatory support.

Methods: This descriptive, comparative study will use a survey to characterize critical care nurse education and training about care of patients who require mechanical ventilation. A convenience sample of critical care nurses (n = 3500) from the American Association of Critical Care Nurses was requested to participate. Each potential participant was asked to complete the Mechanical Ventilation Survey, which includes questions about their education and training related to the care of ventilated patients. This instrument was pilot tested and evaluated for content validity by experts. Data from returned surveys will be reported using descriptive statistics. Inferential statistics will be used to evaluate differences in education and training among geographical areas and different sized and types of facilities.

Results: Data collection will be completed by the middle of June. Approximately 22% of surveys have been returned to date.

Conclusions: Optimal patient outcomes will be supported by consistent, universal expectations for knowledge and competency for clinicians who care for patients receiving mechanical ventilation.

Back to Top
Knowledge and Attitudes towards Palliative Care in a Hospital Setting: An Interim Analysis

Presenting Author: Kristin Kane Ownby PhD
Address: 6901 Bertner Ave. Room 783
Houston, Texas 77030
USA
Ph: Fax: 713-500-2073
Email: kristin.k.ownby@uth.tmc.edu
Institution:

Author List:
Kristin Ownby
Kristin Ownby

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Uncontrolled symptoms at the end of life (EOL) result in an unpleasant experience for the patient and family. To provide quality palliative care, nurses must possess the necessary knowledge and competency. This descriptive study examined the knowledge and attitudes towards palliative care of nurses employed at a tertiary hospital located in the Southwest region of the country. A modified version of the City of Hope National Medical Center End of Life Care Survey and the Palliative Care Knowledge Examination was used to assess attitudes and knowledge of medical surgical and critical care nurses. Preliminary analysis of the first 70 respondents indicate that the majority of nurses (n=34, 80%) work with dying patients. Participants had been in practice a mean of 11 years and were primarily BSN prepared (n=42, 62%), who worked as staff nurses and charge nurses. Descriptive statistics were used to describe the sample and determine frequencies on attitude items. The Wilcoxon rank sum test was used for comparisons between groups on the attitude survey: Group 1 = RN’s who cared for ≤ 6 dying patients/year versus those who cared for ≥ 7 dying patients/year and Group 2 = 2 RN’s who worked in a medical-surgical area versus those who worked in a critical care unit. T-tests were used to compare Group 1 and Group 2 subjects’ scores on the knowledge examination. A notable preliminary finding was that nurses who cared for more than 6 dying patients annually reported that they were more knowledgeable about EOL; however, their scores on the knowledge exam did not reflect this expertise (t = .03, df 50, p > .974). The results of the study will provide information to develop and implement an education program that will give nurses the knowledge they need to appropriately deliver palliative care.

Back to Top
Goal Attainment Pain Management Program for Older Adults: A Preliminary Study

Presenting Author: Gail C Davis EdD
Address: P.O. Box 425498 Texas Woman's University
        Denton, TX 76204
        USA
        Ph: Fax: (940) 898-2437
        Email: gdavis@twu.edu
        Institution: Texas Woman's University

Author List:
Gail Davis
Gail Davis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Beta Alpha Chapter, Sigma Theta Tau
- Texas Woman's University Research Enhancement Award

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Individual goal setting is an important part of self-managing chronic pain. This study’s major aim was to test the feasibility of using individual goal setting as part of a 10-week pain management intervention for adults aged 65 or older. Eight individuals with an average age of 77 years (SD = 7.01) who experienced chronic musculoskeletal pain participated. Their participation involved 3 weekly 1-hour group meetings focused on discussion of pain management strategies. These were followed by an individual goal-setting meeting at week 4, 2 phone calls at weeks 5 and 7, and a second individual meeting for evaluating the level at which goals were met at week 10. Six weeks elapsed between goal setting and evaluation. Each participant set 2 goals, using goal attainment scaling (GAS). For the purpose of evaluation, the person projected levels of goal attainment: expected (0), much less than expected (-2), somewhat less than expected (-1), somewhat more than expected (+1), and much more than expected (+2). The investigators met with participants as they set goals and again 6 weeks later as they evaluated the level at which goals were met. Interrater reliability of individuals’ goal ratings between the researchers was 87.5%. The average scale score, using the GAS average score for the two goals, showed an increase of +2.0. Five individuals met or exceeded their two goals, while two had an average rating of -1. Participants’ experience of living with persistent pain and perception of how well they were managing pain showed a nonsignificant increase over the study period using the Wilcoxon Signed Ranks Test. The results indicate that older adults can successfully participate in setting individualized goals and projecting the possible attainment levels of these goals. A further test of the intervention is currently being conducted with 20 additional participants to determine if these findings hold.
Abstract ID: 177

Story Sharing as a Nurse Aide Best Practice in Long Term Care

Presenting Author: Diane m. Heliker RN, PhD
Address: 455 Mariners Dr
Kemah, TX 77565
USA
Ph: Fax:
Email: dheliker@utmb.edu
Institution: University of Texas Medical Branch

Author List: diane Heliker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Surveys report that >13% of long term care (LTC) facilities in the USA receive deficiencies related to the preservation of residents' dignity and care respectful of the unique individual. Nurse aides (NAs), who provide over 80% of personal care, are provided with few skills that address empathic care or that foster meaningful and respectful relationships. This NINR funded research study used a longitudinal mixed methodology [sequential quasi-experimental/phenomenological] design guided by Watson's Theory of Transpersonal Caring and sought to improve caring behaviors and meaningful relationships between a convenience sample of nurse aides [n=84] and the residents for whom they care [n=55] in 6 matched nursing homes. Two interventions (Story Sharing and the comparison intervention, Communication Skills) were randomly assigned to facilities. Levels of empathy, mutuality, job attitude, and Story Sharing self efficacy were measured at 4 points in time [pre/post/3 months/6 months]. Six monthly NA small group and individual resident interviews were tape recorded and transcribed verbatim. Results revealed a statistically significant increase in levels of empathy and mutuality in the Story Sharing groups only (p<.01). NA group narratives (n=48) were interpreted using Heideggerian hermeneutic phenomenology and findings complemented the empirical evidence. Revealed were 10 patterns in align with Diekelmann’s Concernful Practices and 30 supporting themes. Based on these data, the initial Story Sharing Workbook was revised, expanded, and is being piloted tested along with the development of a training guide appropriate for all LTC staff. Implications include transforming nursing home culture and staff-resident relations through Story Sharing using an innovative Narrative Pedagogical approach to teaching and learning. Final results of this 4 year study will be presented along with clinical applications for NA Best Practices.
Abstract ID: 178

Retention Strategies: Exploring the influence of mentoring with critical care nurses

Presenting Author: Teresa Walsh PhD
Address: 14951 Royal Birkdale St
Houston, TX 77095
USA
Ph: Fax: 713-794-2103
Email: twalsh@mail.twu.edu
Institution: Texas Woman's University

Author List:
Teresa Walsh
Teresa Walsh

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
PURPOSE: The purpose of this qualitative study was to explore the perceptions of critical care nurses working on one unit in a Magnet hospital to describe mentoring experiences and identify if mentoring serves to influence retention. A profile of effective mentoring is also planned, as it influences practice in the critical care setting.

METHOD: Individual audio taped interviews with 10 critical care nurses were conducted to elicit descriptions of their experiences being mentored and mentoring. Verbatim transcription of each interview and collaboration between researcher and research assistant promoted rigor and credibility of study findings.

ANALYSIS: Colazzi’s six step method for qualitative data analysis was used including thorough reading of all protocols, extracting significant statements, formulating meanings, aggregating formulated meanings into clusters leading to an exhaustive description of the phenomenon, in this case mentoring. Validation of the description occurred by discussion/focus group interview with selected previous informants.

FINDINGS: Themes describing the mentoring experience in the critical care area include the Philosophy of Caring, Making an Investment, Building the Relationship, Growing Nurses, and Navigating the Waters. A few of the effective mentoring behaviors described include: seeking out the new nurse, being open, communicating effectively by teaching in a step-wise manner and always following up. Metaphors used to describe the mentoring experience for new nurses included referring to the mentor as a Safety Net, an Anchor, and someone who Has Your Back. Effective mentoring may mediate the stress of the nursing role in a fast paced, high technology unit as well as build job satisfaction and institutional commitment, leading to retention. New nurses cited their mentors as “anchors” tethering them to their current jobs, while veteran nurses were quite dedicated to their mentees and verbalized increased sense of validation from the mentoring experience.

Back to Top
Differences in Readiness to Change Dietary Fat Consumption Behavior in Relation to Physiologic and Psychosocial Variables in Women with Type 2 Diabetes

Presenting Author: Patricia A. Quackenbush RN, DSN
Address: UTHSC Houston School of Nursing 6901 Bertner #667
Houston, Texas 77030
United States of America
Ph: Fax:
Email: patricia.a.quackenbush@uth.tmc.edu
Institution: University of Texas Health Science Center-Houston

Author List:
Patricia A. Quackenbush
Patricia A. Quackenbush

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- DSN Dissertation Research Cynda-Heist Clark Scholarship

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose: This cross-sectional/correlation study explored differences among groups staged for decreasing dietary fat intake in women with type 2 diabetes in relation to demographic, weight concern, physiological, and psychosocial variables.
Methods: Community-dwelling, English-speaking women, over age 30 with type 2 diabetes for at least one year (n=100) were accessed through a culturally diverse endocrinology clinic. Subjects completed seven self-report instruments: demographic sheet, with 11-point weight satisfaction scale; staging algorithm; fat intake; depression; dietary knowledge; social support and self-efficacy scales. Physiological variables were abstracted from the medical record.
Results: Average age was 57.69 years (SD=3.07); 50% were married. Subjects were well-educated (M=14 years; SD=3.33), with mean diabetes duration of 10.57 years (SD=9.11), high body mass index (M=35.72; SD=8.36), low dietary knowledge and weight satisfaction, but in good diabetes control. Fat intake was low and differed by race/ethnicity. The highest fat intake scores were for non-Hispanic-African-Americans (15% of sample), followed by Hispanic-White-Americans (18%), non-Hispanic-White-Americans (44%), and Hispanic-African-Americans (16%), who had the lowest fat intake scores.
MANOVA analyses revealed no significant differences between stages for psychosocial, weight concern, age, education, HbA1c, or cholesterol levels. Single women were more likely in the three preaction stages (precontemplation, contemplation, preparation); married women were equally distributed across stages (preaction stages plus action and maintenance). African-American women (Hispanic/non-Hispanic) were more likely in contemplation and preparation. Triglycerides were higher for subjects in action than contemplation or preparation. Systolic blood pressure was higher for women in action than preparation; diastolic blood pressure was higher in the action composite stage (action, maintenance combined) than the preaction composite (combined precontemplation, contemplation, preparation). Conclusions: Healthcare professionals should consider marital status, race, and ethnicity in client interactions. Emphasis on diabetes-related physiologic changes may encourage behavior change. Further research is warranted to explore relationships between dietary self-care and physiological variables, marital status, race, and ethnicity.
Self-Esteem in African American Single Mothers: Psychometric Properties of the Rosenberg Self-esteem Scale

Presenting Author: Jennifer Hatcher PhD
Address: 413 Southpoint drive
Lexington, Ky 40515
USA
Ph: Fax:
Email: jhscot2@uky.edu
Institution: University of Kentucky

Author List:
Lynne Hall
Jennifer Hatcher

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Background: African American women bear a disproportionate burden of poor mental health. Self-esteem has been identified in the literature as an important and influential factor in their mental health. Given the multiple oppressions these women experience related to racism and sexism, the formation and maintenance of self-esteem is unique in this population. The Rosenberg Self-esteem Scale (RSE) has been administered to respondents from a variety of backgrounds, including African American women, but fails to focus on the influences of race, class, and gender on self-esteem.

Purpose: To examine the psychometric properties of this instrument in a sample of African American low-income single mothers.

Design: Secondary analysis of existing data collected as part of a study of women at risk for clinical depression.

Methods: Cross-sectional study of secondary 2000-2002 data for low-income African American single mothers (N = 98), with children ages 2-6. Cronbach’s coefficient alpha calculated for total score of sample to assess reliability. Principal components analysis of the RSE conducted using oblique rotation to examine the factor structure. Pearson's r correlation coefficients obtained to examine the relationship of self-esteem with depression and negative thinking.

Findings: RSE showed adequate internal consistency with alpha coefficient of .83. Two factors accounting for a total of 54.7% of the variance were extracted. Self-esteem showed a highly statistically significant negative relationship with both depression and negative thinking.

Conclusions: The RSE appears to represent a bi-dimensional construct of self-esteem for African American women. The cultural influences of racial esteem and rejection of negative stereotypes may form a separate and distinct aspect of their self-esteem. The RSE should be used and interpreted with caution given the ambiguous results presented here and in previous studies. Future studies with heterogeneous samples of African Americans should be conducted to further assess the validity of this measure.
Perceptions of Maternal Competence among Single, Low-Income, First-time Mothers in Early Parenthood

Presenting Author: Debra Beach Copeland RN, DNS
Address: 640 Christian Lane
Slidell, Louisiana 70460
USA
Ph: Fax:
Email: dcopel@lsuhsc.edu
Institution: LSUHSC/School of Nursing

Author List:
Debra Copeland
Debra Copeland

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
The aim of this descriptive, correlational study is to investigate factors that influence maternal competency of single, low-income, first-time mothers in early parenthood using Belsky’s (1984) Determinants of Parenting theory. Mothers who have a positive sense of their own maternal competence in early parenthood feel more comfortable with performing infant skills and interpreting their infant’s cues. Perceived maternal competence has been shown to facilitate maternal role attainment and to promote infant nurturing and development (Mercer, 1985, 1995). Mothers who provide nurturing and responsive care to infants will positively affect their infants’ physical, social, and emotional growth (Bornstein, 2000). The specific aims of this study are to:
1) Determine the relationships between self-esteem, sense of mastery, infant temperament, social support, life events, and parenting stress on maternal competence of single, first-time mothers at 6-8 weeks after birth.
2) Compare the differences in single, first-time mothers who report low and high levels of maternal competency as measured by the Parenting Sense of Competence scale and their interview responses.
The sample will include 100 single, low-income, first-time mothers who give birth to full term, healthy infants. Mothers will be accessed on the postpartum unit and at 6 weeks after birth, will be mailed a booklet of tools to complete. Mothers will be interviewed by phone to determine their perceptions of maternal competency. Measures include: self-esteem (Rosenberg’s Self-esteem Scale), sense of mastery (Sense of Mastery Scale), infant characteristics (Difficult Child Subscale/PSI-SF), social support (PRQ85-Personal Resource Questionnaire), life events (Difficult Life Circumstances Scale), parenting stress (Parenting Stress Index/Short Form), and maternal competence (Parenting Sense of Competence Scale).
The quality of the infant-caregiver relationship is crucial to all aspects of infant development (Zeanah, 1997). Research-based educational interventions and parenting programs need to be designed that facilitate positive maternal-infant interactions and nurturing relationships with the infant.
Depressive Symptoms, Perceived Social Support and Physical Activity in Middle-Aged and Older African-American Women with Type 2 Diabetes

Presenting Author: Janice Collins-McNeil PhD, APRN, BC
Address: 5200 Grenelefe Village Rd
Charlotte, NC 28269
USA
Ph: Fax: 919 684-6948
Email: mcnei059@mc.duke.edu
Institution: Duke University School of Nursing

Author List:
Janice Collins-McNeil
Janice Collins-McNeil
Yvonne Ford

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Substance Abuse & Mental Health Services Administration Grant 1-T06-SM56572-01
-University of North Carolina Center for Innovation in Health Disparities Research, NINH Grant 5P20NR8369

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Janice Collins-McNeil, PhD, APRN, BC; Yvonne R. Ford, MSN, RN & Joshua Thorpe, PhD
Duke University School of Nursing, Durham, NC

Despite the high prevalence of type 2 diabetes (T2D) in middle age and older African American women, limited research has explored associations among depressive symptoms, perceived social support and physical activity in these persons. The purpose of this secondary data analysis was to examine the relationships among depressive symptoms, perceived social support and physical activity in a convenience sample of women (n=45) aged from 35 to 73 years (M = 55.26 ± 11.90 years) and enrolled in primary care centers in the southeastern US. The data were collected as part of a larger Institutional Review Board approved study. Five instruments were used in the study to assess study variables: 1) State-Trait Anxiety Inventory (state and trait anxiety); 2) Center for Epidemiological Studies Depression Scale (depressive symptoms); 3) Medical Outcomes Survey Social Support Questionnaire (perceived social support); 4) National Heart, Lung, and Blood Institute Framingham Coronary Heart Disease Risk Prediction Score (CVD risk); and 5) Personal, Health and Sociodemographic Questionnaire (sociodemographic and health information). Findings indicated significant associations among depressive symptoms, perceived social support and physical activity. Middle-aged and older African American women with T2D in this study had high perceived social support scores, regular physical activity (3 times per week), and low depressive symptom scores. Findings warrant further investigation to improve health outcomes in middle-aged and older adult African American women with T2D.
DETERMINANTS OF LIFESTYLE PHYSICAL ACTIVITY IN OLDER RURAL ADULTS: TESTING OF FOUR QUESTIONNAIRES

Presenting Author: Rose Mary Gee PhD
Address: P. O. Box 8158
Statesboro, GA 30458
USA
Ph: Fax:
Email: rmgee@georgiasouthern.edu
Institution: Georgia Southern University

Author List:
Rose Mary Gee
Sandra Dunbar

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes
Abstract Subject: Aging/Gerontology

Abstract:
Lifestyle physical activity (LPA) encourages integration of more physical activity behaviors by increasing the number of short sessions of moderate activity daily. Although there are known benefits of physical activity, inactivity increases progressively with age. Underlying reasons for high inactivity levels and associated factors are poorly understood, and greater understanding is needed to develop interventions for vulnerable populations of rural elders. OBJECTIVE: This study tested four instruments, adapted from standard exercise tools, to measure self-efficacy expectations (SE), outcome expectations (OE), and social support (SS) associated with LPA. METHOD: The four instruments were tested for reliability, readability and user burden in a convenience sample of 99 rural hypertensive elders. The Self-Efficacy for LPA (SELPA) focuses on SE related to the ability to continue to perform short sessions of physical activity in the face of barriers to performing activity. The Outcome Expectations for LPA (OELPA) focuses on the perceived consequences of LPA for elders. The Family (FamSSLPA) and Friend Support for LPA (FriSSLPA) scales measure the degree of SS received specific to LPA. Total instrument reliability was assessed by Cronbach’s alpha on each instrument. Readability and user burden were examined by asking participants to evaluate each instrument. RESULTS: Individual scale internal consistency coefficients were .89 for SELPA; .91 for OELPA; .91 for FamSSLPA; and .90 for FriSSLPA. Participant comments indicated that SS scales were easiest to understand and the SELPA questionnaire the most difficult to understand. Length of time (20–30 minutes) to complete the instruments was considered acceptable. DISCUSSION: Testing provided evidence for good internal consistency reliability of each scale. Future testing of the scales should include subjects from different socioeconomic and cultural backgrounds. These instruments are appropriate for future research on LPA in this population. Findings contribute to the instrumentation essential to develop and test theory-based interventions to improve LPA.
Roberts, An Integrated Mental Health Clinic to Meet the Needs of Three Underserved Urban Communities.

Presenting Author: Kay T Roberts EdD, ARNP, FAAN
Address: 555 S. Floyd St Harambee Nursing Center
Louisville, KY 40292
USA
Ph: Fax:
Email: ktrobe01@louisville.edu
Institution: University of Louisville, Harambee Nursing Center

Author List:
Kay Roberts
Kay Roberts

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Foundation for a Healthy Kentucky

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
The purpose of this symposium is to describe the mental health care needs of three communities who have access to an academic nurse-managed health center that includes integrated interdisciplinary mental health care services. Three presentations will be made to address the purpose of this symposium. The first presentation by Roberts will describe the model of developing the interdisciplinary mental health care services. The second presentation by Smith will use data collected during focus groups consisting of representatives of these three communities to identify the perceptions and definitions of mental illness of residents living in these three communities. The third presentation by Robinson will present findings from the use of a standardized diagnostic tool, the PrimeMD, which was used to screen patients for symptoms of mental illness during routine primary care visits to the nurse-managed clinic. These three presentations will be followed by a summary presentation which will discuss the mental health care needs of the target communities and the challenges and opportunities involved in developing interprofessional mental health care services in academic nurse managed health centers.

The objectives of this symposium are that at the end of this presentation the attendees will be able to:
1. Explain the challenges and opportunities of community-based participatory action research as a methodology for developing critical components of interdisciplinary mental health care services in underserved populations.
2. Describe the perceptions and definitions of mental illness and mental health needs among members of three underserved urban communities.
3. Analyze the challenges and results of using a standardized questionnaire (Prime-MD) to identify symptoms of mental illness identified during a routine visit to the nurse-managed primary care clinic
4. Discuss the challenges and opportunities involved in developing interprofessional mental health care services in academic nurse managed health centers.
5. Describe the mental health care needs of three underserved urban communities.

Back to Top
Abstract ID: 285

Education and Nurses’ Fall-Related Knowledge

Presenting Author: Kathy Lynn Rush Ph.D, RN
Address: Mary Black School of Nursing 800 University Way
Spartanburg, SC 29303
USA
Ph:  Fax: 864-503-5411
Email: krush@uscupstate.edu
Institution: University of South Carolina Upstate

Author List:
Kathy Rush

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Reversing high fall rates requires that nurses at point of care have a strong, requisite knowledge of fall prevention and management. Although few studies have explored the impact of education on nurses’ falls-related knowledge and retention, identifying knowledge gaps provides a basis for developing strategies to support nurses in their fall prevention efforts. Therefore, the purpose of this study was to determine nurses’ falls-related knowledge level before, immediately following, and 6-months post implementation of a Falls Educational Program. Two research questions guided the research: i) Does nurses’ knowledge show sustained improvement following an educational program? ii) Is there a relationship between nurses’ demographic variables and their fall-related knowledge?

Using a longitudinal, pre-post test design, a convenience sample of 180 staff nurses at a Southern US Medical Center participated in the study. During mandatory in-services conducted by clinical unit educators, nurses were introduced to a multi-faceted fall prevention program that emphasized use of a newly developed fall risk assessment tool and three tiered set of fall risk interventions. Before the educational sessions, all nurses completed a researcher developed knowledge test. Those nurses volunteering for the study additionally completed a consent and background information sheet. Immediately following the in-service, and again at 6-months post program implementation, nurses completed the identical knowledge test. The 10-item test consisted of basic knowledge questions as well as questions that required application of knowledge of risk factors, risk assessment and management to written and role-played clinical scenarios.

Findings revealed changes in nurses’ knowledge from pre-test to post-test, immediately following and 6-months after program implementation. Specific questions showed unusual patterns of responses over the 3 time periods. No significant relationships emerged between demographic variables and nurses’ knowledge variables. Implications of the findings for ongoing program development and staff education will be discussed.
Framework for Clinic Integration of a Promotora Diabetes Self-management Program

Presenting Author: Constance Sue Sixta MSN, DSN Candidate
Address: 2615 Pinebend Drive
         Pearland, Texas 77584
         USA
         Ph: Fax: 713-436-2826
         Email: csixta@mindspring.com
         Institution: UTHSC, Houston School of Nursing

Author List:
Constance Sixta
Constance Sixta

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
   - National Research Service Award
+Miscellaneous non-income support:
   - Speros Martel Endowment for the Aging

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: Hispanic communities have historically used Promotores to provide a wide variety of health care services. This paper describes an infrastructure that supports a clinic-based, provider-managed, Promotora-led diabetes self-management program. It is a quality educational option for clinics that have a shortage of health care professionals and care for epidemic numbers of patients with type 2 diabetes.

Significance: Hispanics along the Mexico American border have a two to five-fold greater risk of diabetes than the general U.S. population. In 2000, the age adjusted death rate from diabetes for Hispanics in Webb County, Texas was 67.5 per 100,000 population; the highest death rate in the state. This paper differs from previously described studies in that Promotores were hired/trained by the clinic, supervised by the provider team, unknown to participants, didn't have diabetes; recruitment occurred through provider referral; and the program was integrated into the clinic infrastructure.

Methods: An in depth organizational analyses of the clinic framework was performed, identifying clinic investments or inputs (organizational commitment, trained Promotores, diabetes curriculum, Certified Diabetes Educator, provider leadership, funding, quality plan, etc.) and outputs necessary for integration (processes, policies, procedures, lesson plans, culturally sensitive education materials, Promotores orientation/training plan, provider oversight plan, etc.).

Findings: The Program was fully integrated into educational referral patterns, communication and documentation systems, quality control mechanisms, and clinical programs. Provider support, oversight, and referrals were strong. The course completion rate was 87%, with a high level of patient satisfaction. Patients set an average of 2-3 self-care goals which were reinforced at provider visits.

Discussion: The integrated approach to the use of Promotores has a potential long term impact on community knowledge about diabetes and improved use of healthy behaviors, greater than isolated research studies that are not a part of the health care system.
Abstract ID: 288

Group Visit Intervention to Improve Diabetes Care –
A Program Utilizing Group Visits Led by a Nurse Practitioner to
Improve Outcomes for the Medically Underserved in Diabetes Care

Presenting Author:  Scharalda Jeanfreau DNS
Address: 1900 Gravier St.
              New Orleans, Louisiana 70112
              USA
              Ph:  Fax: 504-392-2105
              Email: sjeanf@lsuhsc.edu
              Institution: LSUHSC School of Nursing

Author List:  
              Michelle Larzelere
              Robert Post
              Scharalda Jeanfreau

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
  -LSU Biomedical Research Foundation-Pfizer Corporation
  -Daughters of Charity Health Center
+Consultant or employee :
  -LSU Health sciences center
  -Daughters of Charity Health Center

FDA Disclosure:  Cleared: Yes

Abstract Subject:  Researchers in Clinical Settings

Abstract:
Purpose:  A two year pilot program using the group health visit model was initiated to improve satisfaction and metabolic control of underserved patients with diabetes at a community health center.  
Methods:  Two hundred patients with type 2 diabetes enrolled in the program, and 130 remained actively involved in the program. A nurse practitioner conducted the groups three times weekly with individual patients returning every six weeks. Patients were provided with a full 90 minutes of group-visit interaction which included 30 – 40 minutes of self-management education with an emphasis on behavior change rather than the typical 10 to 20 minutes of interaction with a physician. Additionally, participants completed a Behavior Stage screening, the BRFSS Quality of Life Survey, and a Group Health Visit (GHV) Patient Satisfaction Survey. Metabolic control of type 2 diabetes and lipids was monitored through regularly scheduled A1cs, lipid panels, and urine tests for microalbuminuria, in addition to weight, BMI, and blood pressure evaluations.
Findings:  Hurrican Katrina precipitated an early termination of group health visits and data collection. Full data analysis will be completed by December 2006. First year results are provided. Average A1cs decreased from 8.8 to 7.8; Systolic blood pressure decreased by 12.5 degrees and diastolic blood pressure decreased by 7.4 degrees. Survey results will be included in the final reporting.
Conclusions:  The initial results seem promising for the substitution of group visits for traditional care to improve outcomes. Glycemic and blood pressure control has been improved substantially with lipid control maintained for the initial reporting period. It is anticipated that a similar pattern of control will prevail throughout the study period.
The Mother-daughter Bond During Childhood and Parenting the Next Generation

Presenting Author: Lynne Hall DrPH
Address: 760 Rose Street
Lexington, Ky 40511
USA
Ph: Fax: 
Email: lhall@uky.edu
Institution:

Author List:
Lynne Hall
Lynne Hall

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Objective: To test whether a mother’s bonding with her own mother in childhood, in addition to other maternal factors, was predictive of her perception of her child’s behavior.

Methods: Data for this cross-sectional study of 205 low-income single mothers, each with a young child, were from the baseline assessment of a longitudinal randomized controlled trial testing the efficacy of a cognitive-behavioral intervention in improving mother’s mental health. Variables included a measure of parental bonding, with subscales of caring and overprotection, the mother’s assessment of internalizing and externalizing behavior of her child, self-esteem, chronic stressors, and depressive symptoms. Two multiple regression models were developed using a backward selection procedure, one for each measure of child behavior. Sociodemographic characteristics were included as controls, and potential predictors included maternal bonding, self-esteem, chronic stressors and depressive symptoms.

Findings: Both dimensions of the mother’s bonding with her own mother in childhood were significantly correlated with other study variables. For internalizing behavior, the predictors retained in the final model were chronic stressors and depressive symptoms. Significant predictors of externalizing behavior included chronic stressors, depressive symptoms, and the caring subscale of parental bonding.

Conclusions: Higher levels of maternal chronic stress and depressive symptoms were predictive of increased internalizing and externalized behavior problems, as reported by the mother about her young child. Further, mothers whose relationship with their own mother during childhood was more caring perceived a lower degree of externalizing behavior problems in their child. Interventions aimed at decreasing depressive symptoms and chronic stressors may improve the relationship between mothers and their young children by decreasing mothers’ perception of problem behavior in their children. This may foster a more caring bond between the mother and child, which may impact the future parenting skills of the child.
THE CARDIOVASCULAR INTENSIVE CARE UNIT NURSE’S EXPERIENCE WITH END-OF-LIFE CARE

Presenting Author: Amy Calvin PhD, RN
Address: 6720 Bertner Avenue
Houston, Texas 77030
USA
Ph: Fax:
Email: amy.o.calvin@uth.tmc.edu
Institution: St. Luke's Episcopal Hospital

Author List:
Amy Calvin
Cheryl Lindy

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: Nurses in the cardiovascular intensive care unit (CVICU) informally expressed moral angst when caring for patients who are approaching the end of life. Moral distress of critical care nurses is related to stressful working conditions and nursing staff attrition (Meltzer & Huckabay, 2004); both may be related to moral angst. The purpose of this study was to better understand CVICU nurses’ perceptions about their roles and responsibilities in the decision-making process about change in intensity of care and end-of-life care for patients within the CVICU setting.

Methods: Nurses who work in the CVICU at one hospital were invited to participate in this study. Nineteen nurses consented to being interviewed individually regarding their experiences caring for patients approaching the end of life, and specifically regarding the initiation of a change in code status. Investigators used a naturalistic research approach (Lincoln & Guba, 1985) to collect and analyze the data. Verified transcript data were analyzed line by line, and as concepts emerged they were compared with those from earlier interviews to establish similarities and differences. Investigators met on three occasions to discuss the concepts and reach consensus about the major themes. A second interview with each participant to validate the findings will soon take place.

Findings: Data collection and analysis are in progress. Preliminary findings consist of four major themes: (a) exhausting patient treatments; (b) promoting family presence; (c) acknowledging physician authority; and (d) walking a fine line.


Back to Top
A large number of patients, especially ethnic minorities, fail to receive appropriate mental health care (Katon, Rutter, Ludman et al., 2001; Lin, VonKorff, Katon et al., 1995). Issues linked to racial disparities in mental health treatment include lack of physician and patient recognition and low treatment return rates (Katon, VonKorff, Lin, Bush & Ormel, 1992; Simon, Goldberg, Tiemens & Utsun, 1999). Studies have suggested that ethnic/racial differences in perceived need for care may partially explain lower rates of care. For example, more than 50% of low-income individuals reported that they did not seek treatment because they did not believe their problem warranted treatment (Kessler, Berglund, Bruce, Koch, Laska, Leaf, et al., 2001). Research suggests that stigma and mistrust may also explain treatment disparities (Lillie-Blanton et al., 2000).

This current study explores the perception of psychological illness in low-income, urban, predominantly African American communities. This study is a part of a larger research project implementing a culturally-sensitive and empirically-based integrated mental health initiative serving three predominantly African American communities. Data were gathered from community members who participated in three separate focus groups. The focus group data were coded to identify common themes among the participants across the focus groups. One common theme that emerged concerned perceptions of characteristics that define mental illness, such that descriptions of symptom severity were clearly dichotomized. Participants viewed mild and moderate mental illness as “normal” coping; whereas only severe mental illness, or people who were “crazy”, were perceived as warranting mental health treatment. Thus, in these poverty-stricken communities, mild to moderate symptoms are overlooked as an indicator of individuals who are in need of services. This desensitization to the subtleties of mental illness likely contributes to important disparities in service utilization. Additional themes will be discussed and implications for treatment-seeking behavior and service provision are presented.
Abstract ID: 320

Roberts, Prime MD findings in a vulnerable Population

Presenting Author: Karen M Robinson DNS, RN, CS, FAAN  
Address: 555 S. Floyd St Harabee Nursing Center  
Louisville, KY 40292  
USA  
Ph:  Fax:  
Email: kmrobi01@louisville.edu  
Institution: University of Louisville

Author List: Karen Robinson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:  
-Foundaion for a Healthy Kentucky

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Significant numbers of mental health (MH) disorders seen in primary care are undiagnosed, or undertreated. The purpose of this study was to: (1). provide a method of screening MH problems in primary care and (2). document existing MH concerns in Primary Care. The purpose of screening was to refer persons with MH Disorders to the Integrated Mental Health (IMH) Team practicing at the Harambee Nursing Center (HNC).

The sample consisted of persons who presented by appointment or walk-in to the HNC for primary care on IMH Practice days (Tuesdays) from 9/13/2005- 2/28/06 excluding 3 weeks of holidays. A total of 68 unduplicated patients visited the HNC during that time. Of the 68 primary health care patients, 28 completed the Prime MD.

The PRIME-MD Diagnostic system consisted of a one-page screening instrument referred to as the Patient Questionnaire(PQ) which was completed by the client before seeing the Primary Care Provider (PCP). The PQ assesses for five groups of MH disorders most commonly encountered in primary care. When MH disorders were triggered, the patient was seen by a MH Provider and PCP.

Of these 28 patients, 21 (75%) were female, and seven were male (25%). Average age for all subjects was 40 years old. Seventeen (61%) identified themselves as African-American, 10 (36%) as Caucasian, and one as Hispanic. The majority (96%) was single, with the remaining reported as separated. Twenty (71%) were unemployed, with eight (29%) employed. Twenty-four (86%) had no insurance.

Results indicated that only three (11%) of the total 28 patients completing the Prime-MD did not trigger any of the disorders. Of the remaining 25 (89%) patients, the five modules most often triggered were: Somatoform (86%); Anxiety (79%); Mood (68%); Eating (25%); and Substance Abuse (18%). Categories triggered corresponded to diagnoses made.
Abstract ID: 321

Conflicts Management Styles in the Health Professions

Presenting Author: Patti Hamilton RN, PhD
Address: TWU College of Nursing PO Box 425498
Denton, TX 76204
USA
Ph: Fax: 940 898 2437
Email: phamilton@twu.edu
Institution: Texas Woman's University

Author List:
Susan Sportsman

Financial Discloser: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
The study’s purpose was to determine prevalent conflict management styles chosen by students in nursing and to contrast them with conflict management styles chosen by students in allied health professions. The associations among the level of professional health care education, gender and conflict style were also determined. A sample of 126 students completed the Thomas Kilmann Conflict Mode Instrument (TKI), which requires respondents to choose behaviors most characteristic of their response to conflict.

There was no significant difference between the prevalent conflict management styles of nursing students and students in allied health professions. Licensure, gender and educational level were not associated with choice of styles. The prevalent style for nursing students was compromise, followed by avoidance. In contrast, avoidance was the prevalent style for allied health students. When compared to the TKI norms, slightly more than one-half of all participants chose two or more conflict management styles, commonly avoidance and accommodation at the 75th percentile or above.

In this study, participants chose compromise more frequently than in studies done in the 1980’s and 1990’s. In contrast, they did not choose collaboration as a frequently used conflict management style. It is important to distinguish between compromise which involves finding an expedient, mutually acceptable solution that PARTIALLY satisfies both parties and collaboration, which involves working with the other party to find a solution that FULLY satisfies the concerns of both. Collaboration attempts to meet the needs on those on both sides of a conflict. Collaboration, although resource-intensive, offers the hope of developing a new approach to settling the conflict that will satisfy both. Friedman, et. al. (2000) found that the use of collaboration reduces the experience of task and relationships conflict, thereby reducing the stress. Therefore, important work-related conflicts, if the timing warrants, are best resolved through a process of collaboration.
Abstract ID: 323

APN Knowledge, Self-efficacy and Practices in Providing Women's Healthcare Services to the Disabled

Presenting Author: Cheryl Ann Lehman RN PhD
Address: 5115 Denver Drive
Galveston, TX 77551
USA
Ph: Fax:
Email: clehman@utmb.edu
Institution: UTMB

Author List:
Cheryl Lehman
Cheryl Lehman

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-UTMB Rehabilitation Sciences
-STTI - Alpha Delta Chapter

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
This exploratory, descriptive study examined the knowledge, self-efficacy and practices of APNs in Texas concerning the delivery of gynecological and reproductive healthcare services to disabled women. As one of the fastest growing primary care provider-groups in the United States, Advanced Practice Nurses have the potential to provide care to a significant number of disabled people, including disabled women, who have long experienced a great deal of difficulty accessing appropriate healthcare services. A self-administered, anonymous survey was mailed to 3,387 APNs in Texas. Data analysis revealed that APNs in Texas who provide gynecological services report that an average of 12% of their female patients have difficulty with mobility and 6% use a wheelchair exclusively. Yet, 23% of these APNs report that their examination rooms are not wheelchair accessible. Although the APN's knowledge scores were acceptable, more than 70% of the responding APNs also reported that they received no education in their advanced studies concerning provision of healthcare to persons with disability. This presentation will report the final results of this study, providing a view of barriers to the gynecological healthcare of an underserved minority population through the eyes of a previously unstudied healthcare provider.

Back to Top
Grandchild Death: Grandparent Health & Functioning

Presenting Author: JoAnne M. Youngblut PhD, RN, FAAN
Address: 4124 Amber Lane
Weston, FL 33331
USA
Ph: Fax:
Email: drjmy3@aol.com
Institution: Florida International University

Author List: JoAnne Youngblut

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Background: About 40,000 infants and children die in the United States annually. While the deaths of these children affect a minimum of 2 parents (not including step-parents), they affect a minimum of 4 grandparents (not including step-grandparents) at a stage in life when they are more vulnerable to health problems.
Purpose: To describe the state of the science on the effects of a grandchild’s death on grandparent grief, physical and mental health, and functioning.
Findings: The science base on grandparent health and functioning following the death of a grandchild is limited, with only 5 reported studies. Often the “forgotten grievers,” grandparents grieve for themselves as grandparents, for the missed opportunities of their grandchild, and for their own adult children (the grandchild’s parents) whose child has died. Grandparents describe the devastation of a grandchild’s death as: “like a part of you has been not just lost, but torn out of you….” Grandparents report a wide variety of negative responses and health effects after a grandchild’s death, including physical symptoms, anxiety, bitterness, exhaustion, depression, helplessness, and disbelief that the grandchild died before the grandparent, increased alcohol and drug use, thoughts of suicide, and pain for their child (grandchild’s parent). The one study of the grandparents’ couple relationship found that the grandchild’s death either strengthened or had no effect on their marriage. Grandparents identified social support and religious beliefs as important resources that helped them through the experience.
Discussion: Being a grandparent is important to many adults, providing them with social and emotional rewards and ensuring the future of their families. Death of the grandchild represents a permanent, irrevocable loss for the grandparent, and up to 160,000 grandparents experience this loss each year. Implications of the findings for future research will be discussed.

Back to Top
Dissociation and Intimate Parenting Anxiety Among Mexican-American Adolescent Mothers with and without Sexual Abuse Histories

Presenting Author: Katherine Bowman PhD
Address: 1700 Red River
Austin, Texas 78701
USA
Ph: Fax:
Email: kbowman@mail.nur.utexas.edu
Institution: University of Texas at Austin School of Nursing

Author List:
Katherine Bowman
Katherine Bowman
Jacalyn Ryberg

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Southwest Partnership Center
-Institutional National Research Service Award

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Exploration of childhood sexual abuse history (CSAH) influences on dissociation, intimate parenting anxiety, and breastfeeding among Mexican-American adolescent mothers (MAAMs).
Questions:
1) What is the correlation between CSAH severity and intimate anxiety?
2) What is the difference in CSAH severity between breast and formula feeders?
3) Does dissociation add to intimate anxiety prediction after accounting for CSAH severity?
Significance: CSAH links to dissociation, intimate anxiety, and adolescent motherhood. Breastfeeding reluctance may also link to these variables. Adolescent breastfeeding rates may increase when dissociation and intimate anxiety are addressed.

Methods: A convenience sample of English speaking MAAMs, ages 15-19 (N=48), completed the Childhood Trauma Questionnaire, Adolescent Dissociative Experience Scale-II, Intimate Aspects of Parenting Questionnaire, and demographic form. Institutional Review Board approved informed written assents were obtained. Sixty participants will achieve a power of .80 with an effect size of .35 (moderate at α=.05, 2 tailed). Analyses: Pearson correlations, independent t-tests, and regression.

Preliminary Results: Average MAAMs were 17, in the 11th grade, single (81.3%), and unemployed (83.3%). Most delivered vaginally (72.9%) and formula fed (60.4%) term infants (72.9%). Twenty-nine percent reported CSAHs (n=14), but reported little dissociation (M=.92) and were sometimes anxious about intimate parenting (M=2.62). Sub-analyses showed 58.3% (n=28) of MAAMs reported maltreatment (M=3.3 forms). Formula feeders reported more severe CSAHs (M=16.63) than breastfeeders (M=12.50). The .78 effect size suggested significance with a larger sample. Mean dissociation scores were 0.82 (without CSAHs) and 1.14 (with CSAHs). The .46 effect size suggested significance with a larger sample.

Discussion: Results are inconsistent with previous studies. Those studies were culturally heterogeneous. Culture may influence intimate anxiety, childcare comfort, and feeding decisions. MAAMs may have been uneasy about bad mothering perceptions so gave socially desirable responses. Nurses may expect 25% to 30% of MAAMs have CSAHs and experienced other forms of maltreatment.
Abstract ID: 364

Outcome Measurement of an Academic Nursing Center’s Services on an Individual’s Health Status: A Pilot Study

Presenting Author: Janet Ruth McAdam Cooper MSN, PhD(c), RN
Address: 3420 Drummond St
Vicksburg, MS 39180
USA
Ph: Fax: 6019846206
Email: jcooper@son.umsm.edu
Institution: University of MS, School of Nursing

Author List:
Janet Cooper
Janet Cooper

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Academic Nurse Managed Centers

Abstract:
Design:
This is a non-experimental descriptive pilot study designed to identify factors that contribute to the overall health status of adult patients from an inner-city community who receive primary care services delivered by advanced practice nurses in an academic nursing center (UNACARE Health Center).

Concept:
An individual’s self-reporting of their physical and mental health profile is a valuable tool for monitoring and measuring health service outcomes. Previous studies support the efficacy of advanced practice nurses. However, there is limited examination that supports the relationship between the services they deliver and the health status outcomes patients report.

Research Question:
What are the differences between the health status of patients on the first visit and subsequent visits for patients who receive primary care services from advanced practice nurses in an academic nursing center?
What is the relationship of an academic nursing center’s services to an individual’s health status?

Site/Population:
UNACARE Health Center is an academic nursing center that serves an inner-city neighbor in Jackson, Mississippi. This four mile square area has a total of 4,865 households with 25% of families’ income falling below the poverty level. Health issues are characterized by high rates of hypertension, stroke, asthma, diabetes, and obesity.

Methodology:
UNACARE staff will approach all new patients (over the age of 21) to self-report health status by completing the Health Status Survey (SF-12) at their initial and subsequent visits from September 2005 through April 2006.

Findings:
The pilot study was completed May 1, 2006 and findings will be reported at the Southern Nursing Research Society Conference.

Implications:
Implications will be based on findings and will address the role of the advanced practice nursing and the overall health status of individuals from an inner-city community.

Key words: Outcome measurement, Health Status Survey (SF-12)
Feasibility Study: Sleep Fragmentation in Alzheimer's Disease

Presenting Author: Catherine Cole DNSc
Address: 4301 W. Markham Street Slot 529
Little Rock, Arkansas 72205
USA
Ph: Fax:
Email: colecatherine@uams.edu
Institution: UAMS

Author List:
Catherine Cole

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Introduction. Studies have described sleep fragmentation in people with Alzheimer’s disease (PWAD) but we do not know if or how sleep fragmentation impacts alertness in PWAD. To separate the effects of sleep fragmentation and AD, we adapted a method used to separate the effect of sleep fragmentation and hypoxemia in obstructive sleep apnea. The purpose of this study was to explore the feasibility of the tone induced sleep fragmentation method in PWAD.
Method. Five people with mild AD experienced one undisturbed and one fragmented night of sleep monitored with attended polysomnography in the General Clinical Research Center (GCRC). GCRC nurses monitored daytime sleep and dietary intake. We measured alertness each AM at 10. Inclusion criteria were consensus diagnosis mild AD, apnea-hypopnea index<10, periodic limb movement index with awakenings<15, adequate hearing, not receiving or on a consistent dose of a cholinesterase inhibitor for 7 days, and availability of family member to stay with participant. After 10 minutes of EEG scored sleep the principal investigator presented audiometer tones via earphone. If no awakening, tones increased by five decibels until wake was scored. If 85 decibels was reached tones ended and the PI entered the participant’s room to awaken the participant.
Results. Four participants completed two nights of PSG and tolerated the earphone (50% of tones produced awakenings). In PWAD we were able to score awakenings (X=31.4, sd=10.3 on the undisturbed night and 41.5, sd=8.2 on the fragmented night of sleep, arousals and NREM stages. The last participant to complete the protocol had the greatest increase in awakenings (↑51.6%) and reaction times (↑54.6 millisecond).
Conclusions: Based on these results we believe this method is feasible in people with mild Alzheimer’s disease to explore the effect of sleep fragmentation on attention.
What We Miss By Measuring Depression Only Once

Presenting Author: Graham Joseph McDougall, Jr PhD, APRN-BC, FAAN

Address: School of Nursing 1700 Red River
Austin, Texas 78701
USA
Ph: Fax: 512-471-3688
Email: gmcdougall@mail.nur.utexas.edu
Institution: The University of Texas at Austin

Author List:
Graham McDougall, Jr

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
The purpose of this presentation is to describe longitudinal results on changes in depression among the elderly. As part of a randomized memory training intervention for older adults (funded by NIA- R01 AG15384), depression was measured at baseline, two months, six months, and fourteen months. The non-probability sample (n=222), was 90% female, 87% Caucasian, 15% Hispanic and 12% African-American. The typical participant was 75 years old, had an MMSE score of 28 and 13 years of education. Sixty-one percent (n=135) were never depressed (CES-D scores ≤ 16), 19.4% were depressed once, (n = 43), 9.0% (n = 20) twice, 6.8% (n = 15) thrice, and 4.0% (n = 9) on all four occasions. If depression had been measured only at baseline, 18% would have been classified as depressed, compared with 39% when measured across four time periods. People not depressed at the preceding time had an 11% chance of being depressed at the next data collection period while people depressed at the previous time had a 50% chance of being depressed. The likelihood a person would remain depressed at the next time period increased with the number of consecutive occasions of depression. Tracking levels of depressed symptoms longitudinally provided a unique snapshot of the participants. We argue that depression is a dynamic construct and must be treated as a time-varying variable in longitudinal studies.

Back to Top
Abstract ID: 407

Articulating Knowledge from APN Clinical Stories of Helping Families Heal from Family Violence

Presenting Author:  Karen A Brykczynski DNSc
Address: UTMB SON, Route 1029 301 University Blvd
Galveston, TX 77555-1029
USA
Ph: Fax: 409 772-3770
Email: kbrykcy@utmb.edu
Institution: UTMB

Author List:
Karen Brykczynski
Karen Brykczynski

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Intra mural funds
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Qualitative

Abstract:
The purpose of this study is to articulate knowledge from clinical experiences of advanced practice nurses (APNS) to enhance the quality of health care provided when working with women who have experienced family violence. The research questions are: How do APNs establish and maintain supportive relationships with women who experience violence in their homes? What challenges and successes do they encounter in providing care for these women and their children? This interpretive phenomenological study involves conducting face to face interviews with six or more APNs to discover their ways of being with, supporting, and helping women who have experienced family violence in their homes.

Interpersonal violence (IPV) is now recognized as a major health and social problem worldwide. Yet there is a silence and invisibility that surrounds this pervasive issue. Myths persist about wife abuse contributing to lack of understanding, victimizing, and ineffective interventions. APNs are in a unique position to help families who live with abuse, but may lack knowledge about the most effective interventions and may become cynical and frustrated with feelings of futility when faced with the recidivism associated with IPV.

The long term goal of this study is to translate findings from research on IPV into effective training for primary care providers for dealing with this complex issue. Data are being analyzed using the multi-stage recursive qualitative process of interpretive phenomenology. Analysis proceeds from whole to parts and back to whole with ongoing attention to maintaining the situational context to guide interpretation of meanings. Aspects of scientific merit are addressed through consensual validation, member checking, and journaling.

Findings consist of interpretations of the clinical stories in terms of commonalities and differences among them to uncover knowledge embedded in practice. Healing practices and ways of being survival facilitators for women and children are also identified and described.
Effect of a Study Map to Support Research Informed Consent

Presenting Author: Megan A. Hoffmann RN, BSN
Address: The Johns Hopkins University School of Nursing 525 North Wolfe Street
Baltimore, MD 21205-2218
USA
Ph: Fax: (410) 614-7128
Email: mhoffm10@son.jhmi.edu
Institution: The Johns Hopkins University School of Nursing

Author List:
Megan Hoffmann

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Purpose: Research participants’ informed consent is an integral part of human subjects' protection. Standard description and documents may be insufficient in promoting protocol understanding. This study examines the effect of a supplementary visual aid to the informed consent process.

Research Question: What is the effect of a “study map,” a flow diagram of a research protocol, on subject understanding of the study purpose and procedures?

Significance: Previous studies of consent supplements, including videos, discussions, and readability modifications, have had conflicting results. No study of a flow diagram was found. Effective interventions to support study explanations can promote research informed consent.

Methods: This was an experimental post-test only design using thirty subjects enrolled in a longitudinal study of living kidney donor decision making and recovery. Subjects were randomly assigned to a control (standard verbal and written description) or experimental group (standard plus study map). An investigator-designed multiple-choice instrument measured perceived (1-10 range) and objective (1-5 range) understanding, the differences between groups determined by an independent t-test. A Pearson’s correlation was used to determine whether subjects’ perceived and objective understanding were related.

Findings: Seventy-seven percent of the sample had educational experience beyond high school. Knowledge levels were high (M objective = 3.7 , SD = 1.02) (M subjective = 9.3, SD = 1.29). The study map had no significant effect on objective or perceived understanding of the protocol. There was a positive correlation between objective and perceived understanding (r = .56, p = .001).

Discussion: The high level of understanding in the control group may have made detecting understanding improvements difficult. Study maps should be tested in a lower educational level sample. The positive relationship between subjective and objective understanding implies that subjects are accurate judges of their understanding, suggesting the importance of periodically confirming potential subjects’ understanding while describing the study.

Back to Top
The Influence of Information Technology on Interdisciplinary Communication

Presenting Author: Marge (Mary) Benham-Hutchins RN, MSN, Doctoral Student
Address: 100 Wildbriar
Euless, TX 76039
USA
Ph: Fax:
Email: marge@nursing.arizona.edu
Institution: University of Arizona

Author List:
Marge Benham-Hutchins
Marge Benham-Hutchins

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Purpose/Aims: The purpose of this research is to examine the influence of information technology on interdisciplinary communication. The specific aims are:
1. Use social network analysis to map, analyze and compare how the information technologies used by health care providers influence communication patterns on two acute-care medical units.
2. Examine and compare how the communication patterns and information technologies used by health care providers influence patient and organizational outcomes.

Background: The current health care environment is characterized by the provision of complex care through short encounters with multiple providers. Reducing medical error and improving patient safety in this complex environment have emerged as crucial elements in the quest to reduce medical error and increase patient safety. Information technology, designed to facilitate care coordination, is redrawing team boundaries and altering forms and patterns of health care team communication and information exchange.

Methods: Social Network Analysis (SNA) will be used to study the complex social networks and methods of communication used by the patient care provider. This methodology incorporates both quantitative and qualitative methods as a means to examine and understand how social networks, such as the patient care team, communicate the information necessary to collaboratively care for a patient. The results of the SNA will then be used to examine and compare how the characteristics of the social network and the information technology used for communication influence patient and organizational outcomes, such as medical error and failure to rescue.

Results and Implications: This exploratory research will provide preliminary information on the communication patterns and information technologies used by healthcare providers during the provision of patient care. Examination of this information and the corresponding patient and organizational outcomes will provide guidance for workflow and technology design that supports healthcare providers in providing coordinated and collaborative patient care.

Back to Top
Complementary and Alternative Modalities (CAM) Used by Women with Female-specific Cancers

Presenting Author: Valerie S. Eschiti RN, MSN, CHTP, AHN-BC
Address: University of Oklahoma, College of Nursing P.O. Box 26901
Oklahoma City, OK 73190
USA
Ph: Fax: (405) 271-1224
Email: valerie-eschiti@ouhsc.edu
Institution: Texas Womans University

Author List:
Valerie Eschiti
Valerie Eschiti

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Significance: A gap exists in knowledge of CAM use by women with female-specific cancers, particularly among minorities. Nurses need to know about CAM use to develop culturally appropriate interventions identified in the Healthy People 2010 goals to eliminate health care disparities.
Purpose: Study purposes are to: describe personal factors and CAM use of women with female-specific cancers, determine which personal factors predict CAM use, and test the ability of a Health Promotion-based exploratory model to predict CAM use by these women.
Hypotheses:
1. Women who use CAM differ in personal factors from those who do not.
2. Women with different types of female specific cancers (breast, cervical, ovarian, and uterine) differ in their use of CAM.
3. CAM use by women with female specific cancers is predicted by biological factors (younger age, decreased comorbidities, and increased disability), sociocultural factors (being married, higher education, higher income, Non-Hispanic White, and having insurance), and psychological factors (psychological distress, presence of depression/anxiety, and perceived health status).
Methodology: A retrospective, cross-sectional design is used for this secondary data analysis of the National Health Interview dataset. A predictive modeling approach is used to estimate the odds of personal factors in predicting CAM use.
Analysis: SPSS 11.5 is used for calculating frequencies, percentages, and medians. For weighted estimates, including chi square, Kruskal-Wallis ANOVA, and logistic regression, Stata 9.0 is used. A 95% confidence interval is used to test hypotheses.
Findings: In a pilot study, 725 women reported having at least one of four types of female-specific cancers (breast, n = 371; cervical, n = 196; uterine, n = 135; and ovarian, n = 57). Of these women, 574 (79.2%) used at least one CAM therapy (range = 1-15). Data analysis for the complete dissertation study is underway and is expected to be completed by December 2006.
A Nursing Practice Remediation Program

Presenting Author: Linda D. Burhans RN, MSN
Address: 606 Eleanor Street
Greenville, NC 27858
USA
Ph: Fax: 919-781-9461
Email: lburhans@cox.net
Institution: East Carolina University

Author List:
Martha Engelke

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:

Purpose: The traditional response of professional regulatory boards to reports of misconduct is disciplinary action such as license revocation. However, punitive measures do not promote remediation. As an alternative approach, the North Carolina Board of Nursing (NCBON) implemented PREP (Practitioner Remediation and Enhancement Partnership) which focuses on safety and improvement of practice through nurse, employer, and Board collaboration. The purpose of this study was to explore the effect of PREP on perceived practice enhancement and subsequent errors of the participants.

Methodology: Using a comparative descriptive study design, data on 122 participants enrolled in PREP from June 2001 - March 2006 were analyzed. The data included the BON remediation plan and interventions, anonymous nurse and employer surveys evaluating practice enhancement or improvement, and reports of subsequent practice complaints.

Findings: The sample of 91 RNs, 30 LPNs, and 1 NP were employed primarily within hospitals (59.8%) and long term care (33.6%). Errors included exceeding scope (41.8%), documentation (20.5%), and medications (13.1%). Education was the primary intervention (100%). However, monitoring (14.8%), mentoring (4.1%), and consultation (0.8%) were also used as strategies. Surveys from 51 nurses (41.8%) and 33 employers (27.1%) showed 98% of nurses and 81.8% of employers perceived PREP as having enhanced or improved practice. Subsequent reports of errors or deficiencies were substantiated for only 3 (2.9%) participants.

Discussion: Disciplinary action limits or revokes a nurse’s license. Some never recover professionally or personally, even if the incident is minor. PREP is a win-win solution focused on safety, quality improvement, and learning from errors. The PREP program offers the potential of retaining nurses with improved knowledge, skills, and abilities while at the same time assuring the public that actions have been implemented to improve quality and safety. This analysis can be used to support the expansion of this approach in other regulatory jurisdictions.
An Integrative Research Review of Factors Related to the Intentions of Nurses to Leave Their Jobs in Taiwan and Western Countries

Presenting Author: Shwu-ru Liou MHA
Address: 2306 Wikershame Ln#1213
Austin, TX 78741
USA
Ph: Fax:
Email: srliou5022@mail.utexas.edu
Institution: University of Texas at Austin

Author List:
Shwu-ru Liou
Shwu-ru Liou

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Purpose: The shortage of nurses is an increasingly grave problem. Of factors contributing to the shortage, high turnover rate is one major contributor whereas intention to leave current job is antecedent of turnover. The purpose of this review is to apply a scientific analysis to identify and rank factors bearing on nurses’ intentions to leave their present jobs in Taiwan and Western countries and to determine whether those factors differ for the nurses of the two regions.

Methods: This study used Ganong’s (1987) method of integrated literature review. Rules were established for the operational definition of factors and their interpretation. The inclusion criteria for articles were (a) published studies and hand-searched articles from the reference lists of retrieved articles, (b) quantitative studies, and (c) published in English between 1991 and 2004. The scientific search used key words of intention to leave, intention to stay, related factors, or nurse in databases of the CINAHL, MEDLINE, PubMed, Health Source, Psychology and Behavioral Sciences Collection, and Sociological Collection.

Findings: Ten research articles were analyzed and 17 factors were revealed: managerial factors, job satisfaction, control of practice, organizational commitment, professional commitment, opportunities of outside career advancement, promotion, education and training, kinship responsibilities, pay, stress, level of education, work load, interpersonal relationships, age, tenure, and work environment. Of those factors, kinship responsibilities and job satisfaction were the most important factor for nurses in Taiwan and Western countries, respectively. Cultural differences attributed to the differences in factors.

Conclusion: This literatures review discovered similar factors that influenced the decisions of nurses in Taiwan and Western countries to leave their jobs. This review gives healthcare administrators crucial information for changing the perceptions of their nurses, reversing their intentions to leave the job, and improving the quality of patient care by retaining an experienced nursing staff.
PERCEIVED BENEFITS AND BARRIERS TO COMPUTER, INTERNET, AND E-MAIL USE IN OLDER ADULTS

Presenting Author: Susan L Gatto MSN, RN, (PhD student)
Address: 112 Rooster Road
Conway, Arkansas 72032
USA
Ph: Fax:
Email: susang@uca.edu
Institution:

Author List: Susan Gatto Susan Gatto

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: This descriptive study examined the demographic profiles of online older adults, the types and degrees of their computer and Internet activities, and their perceived benefits and barriers.
Significance: An increasing number of older adults are using computers for communicating via e-mail, enjoying games for entertainment, and searching Internet websites for information. However, little is known about these users or the benefits and barriers they encounter.
Methods: A convenience sample of fifty-eight elders completed survey questionnaires. Descriptive data analysis was used including frequencies, means, and ranges. Short answers were categorized as benefits or barriers.
Findings: Ages ranged from 59 to 85 years (mean 71.1 yrs). Twenty-one were male and 37 were female. Education ranged from 6 to 22 years (mean 15.5 yrs). Seventy-four percent were married. Fifty-seven were Caucasian and 1 was African-American. Eighty-one percent said their financial status “met their needs”. Close to 90% said their own interests or curiosity is what made them decide to learn about computers. Almost 45% said adult children motivated them to learn these skills. Fifty-five percent said they used the Internet daily and 78.6% were spending 1-2 hours per Internet visit. Perceived benefits of Internet use included sense of connectedness, satisfaction, utility, and positive learning experience. Barriers were frustration, physical and mental limitations, mistrust, and time issues.
Discussion: Using computers for entertainment, the Internet for information, and e-mail for communication helps older adults feel less isolated and lonely. Professionals who teach and care for older adults must be aware of the characteristics of older computer users and the barriers and benefits of computer, Internet, and E-mail use in order to tailor educational materials and develop strategies for nursing interventions specific to this population.

Back to Top
The Relationship of Feeling Lonely to Gender, Self Report of Health, Number of Physical Illnesses, Frequency of Outpatient Visits, and Functional Ability

Presenting Author: Laurie A Theeke MSN, Doctoral Student
Address: 11 Dartmouth Road
Morgantown, WV 26505
USA
Ph: Fax: 3045991477
Email: laurietheeke@yahoo.com
Institution: West Virginia University

Author List:
Laurie Theeke
Laurie Theeke

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: To analyze Health and Retirement Study (HRS) Wave 6, 2002 data for relationships specific to self-report of feeling lonely. It was hypothesized from prior literature review that increased reports of loneliness would be related to female gender, less education, negative self-report of health, functional impairment, increased number of physical illnesses, and more frequent outpatient visits.

Method: The RAND HRS data file, released June 2006, was downloaded from the HRS website. Using SPSS, the data was filtered to include all living participants who answered without proxy for the 2002 Wave 6 collection time. Chi-square analysis and descriptive statistics were performed on the resulting sample of 9,941 Americans aged 65 to 100 years.

Findings: Chi-square analysis indicated that women were more likely to report feeling lonely. Further, those who reported feeling lonely were significantly more likely to have less education, self-report poorer health, experience increased physical illnesses and more frequent outpatient visits. Those who reported feeling lonely were also more likely to report gross or fine motor impairment. Those elderly with no mobility problems had less report of feeling lonely.

Discussion: This analysis suggests that feeling lonely is a significant problem for elderly Americans, particularly women. It is possible that more frequent outpatient visits are used to address physical, social, or psychological symptoms associated with loneliness. Screening older Americans for loneliness and functional ability could aid in appropriate diagnosis and appropriate intervention or treatment. Further research identifying predictors of loneliness prior to age 65 may be beneficial to identify the at-risk population.

Back to Top
Abstract ID: 458

Dietary Protein Consumption by Nursing Home Residents

Presenting Author: Kathryn M Daniel MS
Address: 16615 Cleary Circle
Dallas, Texas 75248
USA
Ph: Fax: 817 272-7343
Email: kdaniel@uta.edu
Institution: University of Texas at Arlington

Author List:
Kathryn Daniel

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Significance: The frail elderly have a high prevalence of protein energy malnutrition. Protein energy malnutrition can contribute to other common problems such as increased pressure wound incidence, overall weakened muscular strength and increased incidence of nosocomial infections. Knowledge of protein consumption also impacts other co-morbidities as well, including renal function. Estimates of dietary consumption are currently collected by nursing staff using visual estimates of overall percent of consumption unrelated to nutritional content of individual menu items.

Purpose: Evaluation the validity and reliability of a new approach to quantifying dietary protein consumption by the frail elderly.

Methods: An exploratory, descriptive study to quantify dietary protein consumption will be done. The meals and supplements provided to eligible individuals will be photographed before and after being served. The amount and types of foods eaten in one 24 hour period will be estimated from the photographs by the author and validated by the registered dietician at the facility to establish inter-rater reliability. This information will be analyzed by nutrition analysis software for protein content.

Findings: It is anticipated that dietary protein consumption by residents of nursing homes will be much lower than recommended dietary intake. It is anticipated that data provided by nursing staff will significantly underestimate protein consumption when photographs are used to assess food consumption.

Discussion: Knowledge about actual dietary consumption of protein may provide further insight into the problem of protein energy malnutrition, dietary recommendations for nursing home residents as well as insight into more accurate treatment of protein energy malnutrition in this population.

Back to Top
Abstract ID: 460

Secondary Stress and Coping Experiences of Caregivers for Persons with Oral Cancer: A Descriptive Study

Presenting Author: Kimberly crocker crowther doctoral
Address: 80 tisdale drive
dover, Ma 02030
USA
Ph: Fax: 508-785-1555
Email: Kimcrocfnp@comcast.net
Institution: University of Texas Medical Branch Galveston, TX

Author List:
Kimberly crocker crowther
Kimberly crocker crowther

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
The overall purpose of this proposed research is to identify and analyze relationships between specific caregiver characteristics and variables that include their self-reports of Secondary Traumatic Stress (STS) symptoms, coping strategies, and perceived life quality since their partners were diagnosed with oral cancer. Approximately 28,900 new cases of oral cancer including the lip, tongue, mouth, and throat are reported each year in the United States. While many studies report post-traumatic experiences of persons who have a cancer diagnosis, less is known about secondary trauma experiences of their partners and caregivers. Therefore, the specific aims of the study are to identify and describe relationships between: 1) the types and frequencies of STS symptoms experienced by caregivers of persons with oral cancer; 2) factors that affect self-reporting of STS symptoms and coping strategies; 3) life quality appraisals before and after the cancer diagnosis; and 4) variations in types of STS symptoms experienced by caregivers and length of time in the caregiving role, self-reported of quality of life experienced by caregivers and coping strategies employed by the caregivers. Findings will enhance evidenced based practice with oral cancer survivors and contribute to the development of support programs needed by the caregivers of persons with oral cancer.
Leadership Characteristics: A Comparison between Nurse Manager's Self-rated Leadership Behavior and Staff Nurses' Perceptions

Presenting Author: MABELEN MADRID AUSTRIA BSN, MHA
Address: 4130 FOREST LEAF CIRCLE
MISSOURI CITY, TEXAS 77459
USA
Ph: Fax:
Email: mabelen_austria@hchd.tmc.edu
Institution: BEN TAUB GENERAL HOSPITAL

Author List:
MABELEN AUSTRIA
MABELEN AUSTRIA

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Statement of Purpose: To explore self-reported and perceived leadership practices in nurse managers (NM).
Research Questions: What are the self-reported leadership practices of NMs? What are staff nurses’ (SN) perceptions of nurse manager leadership styles? Is there congruence in perceptions of leadership characteristics? Are there differences in the self-reported and perceived leadership practice?
Significance: Leadership style is associated with increased productivity and staff satisfaction. Satisfaction among SNs is often determined by management style. It has been purported that a correlation exists between quality of patient care, staff morale and effective leadership.
Methods: Descriptive, correlational design; convenience sample; N=56 (50 staff nurses and 6 managers); Instruments included: Demographic Data Form and Leadership Practices Inventory; the instrument has well-established validity and reliability; Statistical analyses included: descriptive statistics and t-tests. Limitations included small sample (pilot study). Findings: All participants were female (nurses) and the mean age was 48 years (ranged from 40-55 years). Educational level of staff nurses included: associate (n=15; 30%); diploma (n=14; 28%); baccalaureate (n=20; 40%); and masters (n=1; 2%); Educational preparation for managers included: baccalaureate (n=4; 67%) and masters (n=2; 33%). Forty-four percent of nurses had less than five years of hospital experience and all nurses worked in surgical and critical care units. Nurse managers ranked “enabling others to act” as the strongest leadership practice while the lowest ranked practice was “challenging the process.” Staff nurses ranked “modeling the way” first and “challenging the process” last on the leadership behavior scale. Both groups ranked “encouraging the heart” and “inspiring a shared vision” exactly the same way. Self-ratings of NMs were consistently higher than SNs’ ratings on every leadership behavior.
Discussion: These findings have the potential to enhance knowledge related to evaluation of nurse leadership practices. Further study is needed using a larger sample size in various hospital settings.

Back to Top
Abstract ID: 467

Domestic Violence in Thomas Jefferson's Family

Presenting Author: Anne Z. Cockerham CNM, MSN
Address: 25853 Spring Farm Circle
Chantilly, VA 20152
U.S.
Ph: Fax:
Email: abc4vu@virginia.edu
Institution: University of Virginia

Author List:
Anne Cockerham

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: The purpose of this paper is to examine a 19th century case of domestic violence in an upper class family. Anne Cary Randolph Bankhead, Thomas Jefferson’s eldest granddaughter, experienced abuse at the hands of her alcoholic husband.

Research Questions: (1) Is there any evidence that Anne Bankhead’s privileged position in society provided her with any protection from her husband’s violent behavior? (2) What was the law concerning wife abuse during the early 19th century? (3) What was the role of women in society at that time?

Significance: Domestic violence is an important problem today, affecting more than five million women in the United States each year. Present day study of domestic violence has historical antecedents that must be disseminated to professions interested in domestic violence. Analysis of these historical cases can provide a deeper understanding of this important problem.

Methods: The methods of social history were used in this investigation. Primary sources included letters written by Thomas Jefferson, Anne Bankhead, Martha Jefferson Randolph, and other family members and friends. Data were analyzed using internal and external criticism. The issues are discussed in the larger context of social and political issues of the early 19th century.

Findings and Discussion: Anne Bankhead was caught in a pattern of violence and repentance related to the alcoholism of her husband. Neither social class nor her privileged position in society could protect her, despite the fact that she was offered refuge at her grandfather’s estate, Monticello. Charles Bankhead’s violent behavior affected the entire Jefferson/Randolph Family. This story has heretofore not been the focus of historical analysis because there are few overt references to the abuse in letters and family members likely either destroyed letters and diaries detailing the abuse or censored their words in awareness of their future historical importance.

Back to Top
A Grounded Theory Study of Surrogate Decision Making to Withhold and Withdraw Life Sustaining Measures

Presenting Author: Michael Limerick
Address: 5706 Shoal Creek Blvd
Austin, Texas 78757
USA
Ph: Fax:
Email: mlimerick@mail.nur.utexas.edu
Institution:

Author List:
Michael Limerick
Michael Limerick

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Oncology Nursing Society Foundation
FDA Disclosure: Cleared: Yes

Abstract Subject: Ethics

Abstract:
The purpose of the study was to understand the process used by surrogate decision-makers who have made a decision to withhold or withdraw life-sustaining measures in intensive care settings in a Central Texas Multi-hospital system. Seventeen Texas surrogates were identified through chart review of patients in intensive care. Surrogates were tape recorded and analyzed using grounded theory methodology and the process of constant comparison.

Nine themes emerged from the data and were grouped into representative domains to demonstrate the process. Domains and their respective themes included: (1) Personal Domain: rallying family support, evaluating patient’s past/present condition, viewing past/future quality of life, (2) Intensive Care Environment Domain: chasing doctors, relationships with health care team, confirmation of probable medical outcome, (3) Decision Domain: arriving at new belief, getting alone to make the decision, and communicating the decision. A model was constructed to represent this process.

Through this study it was identified that surrogates use a definite process to make a decision regarding withholding and withdrawing of life-sustaining measures for patients in ICU. The results reveal opportunities for health care providers to improve education and change practice when supporting surrogates. Opportunities are noted for further research and to expand nursing knowledge related to end-of-life issues. Additionally, an opportunity exists to develop interventional studies using the proposed model.

Back to Top
The purpose of this study was to examine the role of the registered nurse in the emergency setting as it relates to intimate partner violence (IPV). The research questions were 1) What are the intimate partner violence screening practices of registered nurses in emergency departments? and 2) How do registered nurses respond to intimate partner violence when women disclose?

IPV is a major health problem in the United States and around the world, resulting in immeasurable pain and suffering for its victims and their children. The economic cost to this country is staggering. Registered nurses working in emergency departments are in a unique position to be able to screen for intimate partner violence and to be able to intervene with these victims in a meaningful way.

This study was based on a Heideggerian phenomenological perspective. Thirteen registered nurses working in emergency departments in a mid-size county in the South Central United States were interviewed using a structured open-ended interview technique. Data were analyzed using Colaizzi’s (1978) seven-step method of data analysis.

Four main themes emerged: (1) myths, stereotypes, and fears; (2) demeanor; (3) frustrations; and (4) benefits. This study suggests that emergency department nurses are not screening for intimate partner violence based on a protocol but rather are screening certain patients for violence based on the nurse’s perception of whether or not a particular patient is likely to be a victim of violence.

Recommendations gleaned from this study include:
1) Education must focus on assisting nurses to become aware of their own stereotypes and myths regarding partner violence. 2) Facilities must educate their staff on relevant hospital policies and state laws designed to assist victims of violence. 3) Educational programs for this group need to emphasize the dynamics of a violent relationship and the chronicity of the problem.
Changes in Genital Injury Patterns over Time and the Effect of Skin Color in Women after Consensual Intercourse

Presenting Author: Sarah Lynn Anderson RN MSN PhD(c)
Address: 999 James River Rd
Scottsville, VA 24590
US
Ph: Fax: Email: slm9r@virginia.edu
Institution:

Author List:
Sarah Anderson
Sarah Anderson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Background: There is limited research on the relationship of skin color and injuries and changes in the injury patterns over time.
Methods: Light and dark skinned women who had two evidentiary type pelvic examinations (24 hours apart) after consensual intercourse to document injuries. Comparisons were made over time and based on skin color.
Results: Differences were found between first and second examinations: surface area (SA) of injury (p=.02); SA of injury to the posterior fourchette (p=.02); SA of abrasions (p=.04); and redness (p=.04). When comparing change of injury over time based on skin color, differences identified were: number of injuries (NI) (p=.03); the NI to the posterior fourchette (p=.05), and the number of sites (NI) with redness (p=.03).
Conclusions: There are differences in genital injuries over time and based on skin color. These differences need to be further studied to understand how they relate to women who have been sexually assaulted.
Funding: RUTH L. KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARDS FOR INDIVIDUAL PREDOCTORAL FELLOWS (F31) 5F31NR008668-03

Back to Top
Abstract ID: 474

Predictors of Genital Injury after Non-Consensual Intercourse

Presenting Author: Sarah Lynn Anderson RN MSN PhD(c)
Address: 999 James River Rd
Scottsville, VA 24590
US
Ph: Fax:
Email: slm9r@virginia.edu
Institution:

Author List: Sarah Anderson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

+Grants/Research Support:
-RUTH L. KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARDS FOR INDIVIDUAL PREDOCTORAL FELLOWS (F31) 5F31NR008668-03

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Understanding differences in genital injuries after non-consensual and consensual intercourse is an important element of prosecuting sexual assault cases. Eighty women were examined after non-consensual (retrospective chart review, n=40) and consensual (recruited, n=40) intercourse within 48 hours using colposcopy, toluidine blue dye, and digital photography to document genital injuries. Differences between groups, based on the univariate analysis, were found with the number of sites (NoS) with ecchymosis (p<.01) and NoS with redness (p<.01). Based on the logistic hierarchical regression model, 85% of the non-consensual group and 90% of the consensual group were classified correctly controlling for time from intercourse to exam; NoS with tears, ecchymosis, abrasions, and redness; and surface area of injury (SA) in the final block. Time (p < .001), NoS with redness (p = .017), and SA (p = .039) were individually predictive.

Funding: RUTH L. KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARDS FOR INDIVIDUAL PREDOCTORAL FELLOWS (F31) 5F31NR008668-03

Back to Top
Abstract ID: 476

**Paper or Plastic: Innovative Use of Electronic Diaries in Research**

**Presenting Author:** Sigrid Ladores MSN, PNP, APRN-BC  
Address: 2776 Hazel Grove Lane  
Oviedo, FL 32766  
USA  
Ph: Fax:  
Email: upennurse@bellsouth.net  
Institution: University of Central Florida

**Author List:**  
Sigrid Ladores

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

**FDA Disclosure:** Cleared: Yes

**Abstract Subject:** Qualitative

**Abstract:**

**Purpose:**  
The purpose of this paper is to describe the use of electronic diaries (ED) in research, discuss the advantages and disadvantages of ED compared with paper diaries, and explore the implications of ED for nursing research.

**Method:**  
Literature review was done using databases: CINAHL, PubMed, PsycINFO, Health & Psychosocial Instruments, and InfoTrac OneFile. The following truncated words were used: "electron*", "diar*", and "research*". Preliminary search revealed hundreds of abstracts, therefore, literature was limited to research studies written in English between the years 1996-2006, resulting in fifteen sources selected for further review.

**Findings:**  
Advantages and disadvantages of using ED were extracted. Advantages included improved compliance rates, satisfactory usability results, and high quality data due to the elimination of hoarding, forward-, and back-filling which plague paper diaries. Participants of all ages, with differing levels of computer exposure commended ED’s ease of use which promoted data entry adherence. Disadvantages included cost of purchase, installation, maintenance and repair of ED systems, technical malfunction, and challenges in user interface. Funding may be an issue for small-scale research groups without partnerships to provide ED vehicles. Also, several participants noted that the small palmtop computer screen was difficult to see, and the stylus and touch-screen challenging to manipulate.

**Discussion:**  
The literature revealed several nursing research implications. First, there is a need to increase diversity in the population being studied. The samples were highly homogeneous. Future research must include variety in gender, race, educational level, and health conditions to increase generalizability. Second, it is important to address the disadvantages noted above by exploring other technology as ED vehicles. The use of personal computers and/or cellular phones may pose as alternatives to the palmtop computer. Lastly, ED’s innovation may be integrated into a dynamic algorithm that intuitively guides the user to arrive at interventions that promote health and well-being.

Back to Top
The Use of Complementary Medications In Older Adults with Arthritis

Presenting Author: Sharon McDonald MSN
Address: 118 College Drive #5095
Hattiesburg, MS 39406-0001
USA
Ph: Fax: 601-266-6643
Email: sharon.mcdonald@usm.edu
Institution: USM

Author List:
Sharon McDonald
Sharon McDonald

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Rheumatic disorders precipitate numerous stressors that exacerbate disease symptoms. Pain management with concomitant stress reduction has traditionally focused on medications. Currently, monies spent on supplements approximate that spent on prescription medications, however, some supplements have the potential to ameliorate certain disease symptomatologies and enhance drug efficacy.

Utilizing Lazarus’ transactional framework for stress as the theoretical underpinning for this pilot study the primary aim of this study will be to examine the effectiveness of the intake of NVNM supplements (referred to in the remainder of this document as simply supplements) as an active coping strategy for the reduction of pain disability among the study’s older adults with arthritis population. The related hypothesis assumes an inversely proportional relationship: Those who regularly take supplements will report lower pain disability. Ancillary aims will relate to the examination of other potentially predictive variables (arthritis symptoms, self-efficacy to manage disease, physical activity, number of arthritis-related surgeries, type of arthritis, disease severity, arthritis medications, perception of overall health, pathologic load, exercise performance, social interaction, work status, age, gender, race, income satisfaction, marital status, and educational attainment).

In conjunction with the cross-sectional, non-experimental design for the pilot study, self-report instruments and a demographic questionnaire will be used to gather information from the convenience sample of consenting older adults with arthritis aged > 50 years old recruited from the mailing list of the Mississippi chapter of the Arthritis Foundation. Participants will receive the survey via the postal mail and will be asked to complete an instrument which is a consolidation of the following: the Pain Disability Index (PDI), Arthritis Self-Efficacy Scale (ASES), Arthritis Impact Measurements Scale-2 (AIMS -2), Visual Analog Scale, and a demographic questionnaire. The data will be analyzed using descriptive statistics, frequency, means, standard deviations and standard multiple regression.
The Lived Experience of Nursing Advocacy with Medical-Surgical Patients: A Descriptive Qualitative Pilot Study

Presenting Author: Robert Gordon Hanks MSN, Doctoral Student
Address: 301 University Blvd Mail Route 1029
Galveston, TX 77555-1029
USA
Ph:  Fax:
Email: rghanks@utmb.edu
Institution: University of Texas Medical Branch School of Nursi

Author List:
Robert Hanks
Robert Hanks

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Nursing advocacy for patients is considered by the nursing profession (ANA Code of Ethics) to be an essential component of nursing practice. Yet, there is little agreement across the profession as to what nursing advocacy is, how it is learned, and how it is practiced. Although there are research studies that report some aspects of nursing advocacy practice, few include samples of nurses working in medical-surgical specialties in the United States. To contribute to narrowing the gap in knowledge about nursing advocacy practice in the United States, this descriptive qualitative pilot study explored the lived experience of nursing advocacy with registered nurses caring for hospitalized medical-surgical patients. A phenomenologic approach was employed to answer two research questions: (a) how do registered nurses practicing in medical-surgical specialty areas describe their experiences with nursing advocacy for their patients; and (b) what reflections upon educational preparations for their professional roles do registered nurses identify as related to their practices of nursing advocacy with medical-surgical clients. The sample for this pilot study was three registered nurses, purposefully recruited from the population of registered nurses practicing in-patient medical-surgical specialties in a major Southeast US medical center. Data were collected by interview. Transcribed interviews were analyzed using Moustakas’ qualitative data analysis strategies towards the goal of creating a written description of the meaning and essence of the study sample’s advocacy experiences. Lincoln and Guba’s trustworthiness criteria of credibility, dependability, confirmability, and transferability will be used to evaluate rigor. Findings from this pilot work in-progress will be reported at the SNRS Poster Session. Findings are expected to begin to illuminate the realities of nursing advocacy practice among medical surgical nurses in the United States and provide direction for future studies of nursing advocacy practice and education.

Back to Top
Quality Nursing: What Does Nightingale Have to Say?

Presenting Author: Linda D. Burhans RN, MSN  
Address: 606 Eleanor Street  
Greenville, NC 27858  
USA  
Ph: Fax: 919-781-9461  
Email: lburhans@cox.net  
Institution: East Carolina University

Author List: Linda Burhans

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Quality Nursing: What Does Nightingale Have to Say?
Linda D. Burhans, RN, MSN, CNAA, CPHQ  
Martha R. Alligood, RN, PhD  
East Carolina University School of Nursing, Greenville, NC 27858  
Key Words: Quality nursing, Hermeneutics, Nightingale

Purpose: Quality nursing grows ever more important for healthcare professionals, organizations, and consumers who have stakes in improving care delivery processes and systems. Yet, quality remains elusive as it is defined from different perspectives by different stakeholders. The purpose of this study was to discover the meaning of quality nursing in Nightingale’s (1859) Notes on nursing: What it is, and what it is not.

Methodology: A qualitative research design of hermeneutic interpretation of nursing text was used following this process: 1) text was read aloud, 2) Nightingale’s ideas were discussed in relation to contemporary ideas about quality, and 3) interpretations were agreed upon, 4) in light of the historical context, environment, and power structures of Victorian England. The iterative, non-linear process of the researchers moved from reading of text to discussions of today in the hermeneutic circle.

Findings: Nightingale very clearly describes what she means by “proper care” and “poor care”, although she does not use the word quality directly. Causal relationships between nursing care and quality outcomes were easily identified. Nursing is described as “hands-on” and focused on thoughtful knowledge-based nursing assessments and strategies controlled by the nurse. Nursing’s metaparadigm concepts of person, environment, health and nursing were repeatedly observed in this text.

Discussion: The roots of professional nursing were revisited through this project and the examination of Nightingale’s seminal text, one of our earliest published sources of nursing knowledge. The pervasiveness of quality throughout the text was evident and led to fruitful interpretive understandings. Nightingale defines quality by its presence and absence, that is, by “what it is, and what it is not”.

Back to Top
Family Presence during Resuscitation: A Review of Research

Presenting Author: Susan R. Huckaby MSN, RN
Address: PO Box 189
Cochran, GA 31014
US
Ph: Fax:
Email: shuckaby@mgc.edu
Institution: Georgia State University-doctoral student

Author List:
Susan Huckaby

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:

Aim: This review of literature discusses the research findings on family presence during resuscitation.

Significance: The inclusion of family members in the resuscitation room has been slowly increasing over the past couple of decades. This phenomenon has progressed from emergency departments to other areas of high patient acuity such as critical care and pediatrics. With resuscitation taking place in all patient care areas, the inclusion family members during resuscitation should be addressed by nursing staff and hospital administrators.

Methods: Sixty-seven articles were identified and reviewed. Thirty-two research studies were reviewed, themes related to healthcare worker concerns were listed, and then grouped into categories as they appeared. Pertinent concerns appeared in 19 studies that were reviewed.

Findings and Discussion: Healthcare workers’ concerns fell into four main categories:
1. Psychological trauma may result from observing the resuscitation
2. Family members do not desire to be present
3. Resuscitative process may be disrupted by family members
4. Litigation may result from family members observing staff

Overall, studies suggest that family members who were present during resuscitation did not experience negative outcomes from being present. Most studies reported that family members wanted to be present during resuscitation if given the option. Studies reported that family presence during resuscitation was viewed positively by family members and healthcare providers. Minor interferences by family members during resuscitation were reported by healthcare providers, and no reports of litigation were found in the literature.

Conclusions: While research findings suggest that presence during resuscitation is desired by and beneficial to family members, the sample sizes in these studies have been small. Larger groups should be included in future studies. Replication studies should also be conducted to determine if previous findings can be generalized throughout the healthcare continuum.

Back to Top
Physician Partnership-Building Behaviors: Does it Vary With the Race of the Patient

Presenting Author: Yolanda Wall
Address: PO Box 457
Ellerbe, NC 28338
USA
Ph: Fax:
Email: ywall@carolina.rr.com
Institution: UNC-Chapel Hill

Author List:
Yolanda Wall
Yolanda Wall

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Physician partnership-building behaviors have been implicated in disparities in cancer mortality but research concerning this area is sparse. The purpose of this study is to analyze how often and under what kind of situations does the physician’s use of partnership-building behavior vary with the race of the patient. The data that will be used for this study is from the study, Decision Making under Uncertainty in Men with Prostate Cancer Patients, done by Dr. Mishel and Dr. Germino. Twenty transcripts of the patients consult visit for treatment will be randomly selected for an equal number of African Americans and Caucasian patients. Results of this study will be used to support further research on physician partnership behaviors.
An Existential Phenomenological Study of the Lived Experience of Registered Nurses Providing Care to Patients During and After Hurricane Katrina

Presenting Author: Marti Jordan-Welch MSN
Address: 55 Stonegate
Hattiesburg, MS 39402
USA
Ph: Fax:
Email: Marti.Jordan-Welch@usm.edu
Institution: University of TN

Author List:
Marti Jordan-Welch
Marti Jordan-Welch

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The purpose of this study is to describe the lived experience of nurses who provided care during and immediately after Hurricane Katrina. A review of the literature revealed a paucity of studies that explored the experience of nurses providing care during hurricanes. Therefore this study was designed to determine what that experience was like.

Rationale is that hospitals are required to remain open during disasters and nurses are often mandated to come to work. Nurses in community hospitals have not experienced what it was like working in hospitals under conditions that arose as a result of Hurricane Katrina. Previous research related to nurse’s experiences with disasters is limited.

Methodology: existential phenomenology as outlined by Thomas and Pollio (2002). It will allow participants to describe their person and event experience meaning while reducing researcher bias. It is expected that 8-10 participants will be interviewed or when collection to saturation in themes is reached. Interpretation of the data will be done hermeneutically, looking for meaning units and themes and then a global thematic structure will be developed. Data from this study may come from a limited subset of nurses experiencing the phenomenon as thousands of nurses were forced to relocate.

Findings: It is anticipated that results will provide critical information on the perspectives and needs of nurses providing care during hurricanes. Knowing about what nurses experienced during the disaster will enable nursing educators and administrators to improve education related to disaster preparedness, address the needs of nurses during and after critical incidents, and prepare policy to guide nurses who work in the Gulf Coast Region during future disasters.
Empowerment in School Nursing Practice: A Grounded Theory Approach

Presenting Author: Lisa Broussard RN, MN, DNS(c)
Address: 619 Heather Lane
New Iberia, LA 70563
US
Ph: Fax:
Email: lab4456@louisiana.edu
Institution: University of Louisiana at Lafayette

Author List:
Lisa Broussard
Lisa Broussard

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The purpose of this study was to utilize a grounded theory method to describe the basic processes involved in the empowerment experience of school nurses. The research questions consisted of an examination of the process of empowerment in school nursing practice, the factors that impact this process, and the personal and professional characteristics that influence the empowerment process. School nurses work in non-health care settings and are often supervised by educational administrators who possess a limited understanding of school nurses’ roles and responsibilities, resulting in limited decision making and control over their practice. This study was designed to obtain school nurse’s stories of their empowerment experiences and the factors that impact these experiences. The study utilized grounded theory method to explain the basic social process involved in the school nurses’ professional empowerment experiences.

After interviewing and analyzing two interviews each with ten school nurses, saturation of data was achieved. Limitations of the study included a limited geographic area (south Louisiana), as well as homogeneity of the sample (all female). Analysis of the interviews led to the development of a substantive, situation-specific theory, Making A Difference: The School Nurse’s Role in the Health of Children in the School Setting. The theory was derived from four theoretical constructs: enlisting support, getting through the day, maintaining control over practice, and adjusting through challenges. Overall, school nurses in the study described a sense of empowerment achieved by the ability to make a difference in the health of children in schools. Although they faced challenges in their daily practice, their sense of empowerment was derived from the positive impact that they had on the health of the children. They recognized that the difference that they were able to make had a positive impact on children’s educational success, which in turn increased their sense of professional empowerment.
A Structural Regression Model of Role Stress and Job Satisfaction for a Sample of Taiwan’s Nurses Specialists

Presenting Author: Yao-Mei Chen MS
Address: 11980 Little Patuxent Parkway #T
Columbia, Maryland
USA
Ph: Fax:
Email: ychen007@umaryland.edu
Institution: University of Maryland Baltimore School of Nursing

Author List: Yao-Mei Chen
Yao-Mei Chen

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:

Background: The development of Nurse Specialist roles in Taiwan is in its early stages. The new role has not been clearly defined and there is considerable variation in terms of managerial organization, job contents, practice scope, and qualification. The psychosocial wellbeing of nurse specialists has been under-investigated.

Objectives: This study applied structural equation modeling to (1) test two measurement models of role stress and job satisfaction and (2) examine the relationship between role stress and job satisfaction.

Methods: An observational study with cross-sectional design recruited 129 nurse specialists from five teaching hospitals in Taiwan. Role stress and job satisfaction are measured by two customized Chinese scales. Item parceling strategy and maximum likelihood solution for structural equation modeling are used for parameter estimation and model testing. Multiple fit indices (i.e. chi-square, NC, RMSEA, CFI, GFI, and SRMR) are employed to evaluate the model fit. Factor loadings, measurement error variances and coefficients of direct effects are estimated.

Results: The models demonstrate good fit and explain more than 94% variance of the covariance matrices. Most factor loadings in the measurement models are high (above .70) but several latent variables have weak discriminant validity (.54-.62). The structural regression model supports a possible causal relationship between role stress and job satisfaction. High role ambiguity relates to job dissatisfaction in all aspects (i.e. professionalism, interaction, demand/reward, and control/recognition). High role overload relates to low satisfaction with demand/reward. Contrarily, high role incompetence related to increased job satisfaction with interaction and demand/reward.

Conclusions: The two instruments are applicable to the population. The direct relationships between specific components of role stress and job satisfaction imply a need for administrative strategies. Clear role definitions and objectives and continued administrative support from the organization plus legislative support from the government are crucial for the development of a new nursing role.
Comparison of a 5-Level Triage Classification System with a 4-Level Triage Classification System as it Relates to Acuity Assignment and Predictability of Patient Outcomes

Presenting Author: Ricky Lee Lewis MSN
Address: 413 North Lake Drive
Brandon, MS 39042
USA
Ph: Fax:
Email: lewis6332@bellsouth.net
Institution: University of Mississippi School of Nursing

Author List: Ricky Lewis
Kim Hoover

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: To determine if the Emergency Severity Index (ESI) more accurately classifies patient acuity and predicts patient outcomes over the 4-Level triage system.
Background: The triage process is vital to the flow and effective care of patients who seek treatment in Emergency Departments (EDs). In 2003, over 113 million patients were seen in EDs throughout the U.S. The 5-level ESI triage classification system has been recommended and adopted by the American College of Emergency Physicians and the Emergency Nurses Association as the standardize triage classification tool to be used in the U.S. Still, the U.S. lags behind other countries such as England, Canada, and Australia in adopting a standard system.
Design: A descriptive correlational design will be used to study secondary data gathered through retrospective chart reviews from two metropolitan hospitals in a southern state.
Methods: A systematic random sample of triage records will be obtained from hospitals. Data abstraction and recording will be completed independently by 2 trained nurse reviewers blinded to the triage classification assigned by the triage nurse to ensure accuracy of the data and interrater reliability. The data will be reviewed to determine whether the triage classification was correct based upon the chief complaint, vital signs, the institutions’ published guidelines for the triage acuity system and outcomes. Outcomes will be time from triage to examination room, and from triage to being seen by the physician, disposition status, total LOS, patient satisfaction and costs. Factorial MANOVA will be used to test the significance of group differences.

Contribution to Nursing Practice: The results can potentially increase the accuracy of triage, contributing to appropriate decision making for improved patient outcomes. Accurate triage may improve ED flow and patient and healthcare worker satisfaction. Additionally, results may support the evidence based need for a standard triage system in the U.S.
Medication Errors

Presenting Author: Joyce Ann Shanty M.S.
Address: 766 Main Street
Ford City, PA 16226
USA
Ph: Fax:
Email: Joyce.Shanty@iup.edu
Institution: West Virginia University

Author List:
Joyce Shanty

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Medication Errors

Joyce A. Shanty, MS, RN
Doctoral Student
West Virginia University School of Nursing
Morgantown, WV

Key words: integrative review, patient safety, medication error

Purpose: Medication errors are a concern for all nurses and health care facilities, accounting for an estimated 7000 deaths annually (Phillips, Christenfeld, & Glynn, 1998). It is essential that nurses report medication errors and near misses so that if there are systemic reasons that led to the error, they can be corrected. The purpose of this review is to investigate the social processes going on when a nurse chooses not to report a medication error or near miss.

Method: A literature search was conducted for the years 1996-2006 using CINAHL, Academic Search Premier, and Health Sources: Nursing/Academic databases using the key words “medication error,” “patient safety,” and “nursing”. Limits were set to include only research articles written in English; bibliographies were reviewed and additional pertinent articles were retrieved, 79 articles included.

Findings: Reasons cited for underreporting medication errors include fear of manager and co-worker reactions (Kingston et al., 2004; A. Mayo & D. Duncan, 2004) and inaccurate perception of error’s significance (Stetina, Groves, & Pafford, 2005). Critique of the literature revealed a lack of knowledge about (1) actual reasons errors are not reported, (2) intent to report or not report, and (3) what is going on at the time of a medication error or near miss that influences a nurse’s decision to report or not report.

Discussions/Implications: A grounded theory study asking, “What is going on when nurses choose not to report a medication error?” is warranted. The emerging theory will enhance the understanding of the social processes involved in the decision to report or not report an error. Additionally, systems processes and procedures can be modified, leading to an improvement of patient safety.

Back to Top
"It's Supposed To Be My Time!" The Lived Experience of African American Grandmothers Caring for Their Grandchildren

Presenting Author: Dana Carthron BSN
Address: 5 Cardinal Court
Jacksonville, Arkansas 72076
United States
Ph: Fax: 501-686-8350
Email: carthrondanal@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:
Dana Carthron
Dana Carthron

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Significance: An increasing number of African American (AA) grandmothers are primary caregivers out of necessity. As of 2000, 52% of all AA grandparents living with their grandchildren identified themselves as the primary caregivers. They are more likely to live in poverty and in the South.

Purpose: The purpose of this pilot study was to describe the lived experience of AA primary caregiving grandmothers. Semi-structured interviews were conducted with 3 grandmothers currently raising their grandchildren or great grandchildren.

Methods: Using an ethnographic method, qualitative interviews were conducted in their homes. Each interview was audiotaped and transcribed verbatim. Accuracy was verified by the researcher. Content analysis and constant comparison was used to identify and classify data. Using a code book, the researcher individually coded each interview. A qualitative expert reviewed all coding decisions.

Results: Participant ages ranged from 47 to 73 living in an urban community. Five overarching themes emerged: 1) ‘Role reversal’ reflected by “she (daughter) asked me where I’ve been…like she was my mother and she was taking care of my baby!” 2) ‘Loss of time for self’ identified by statements such as “I don’t have time to take care of me”. 3) ‘Being emotional’, identified by “I’m pissed off” and “I get so lonely”; 4) ‘Caregiving is a financial burden’ acknowledged by quotes such as “I can barely pay my bills” and, 5) ‘Devotion to grandchild’ identified by “I love my grandbabies!”

Discussion: Despite financial burden and loss of time for self, all grandmothers were devoted to caring for their grandchildren. Additionally, the grandmothers in this study seldom discussed their own health. Recognizing stressors associated with caregiving late in life, AA grandmothers’ health needs may be unrecognized or overlooked. Further research is necessary to identify the effects of caregiver burden on their health, healthcare practices and healthcare decision making.
Post Traumatic Stress Levels in Homeless Youth: A Comparison of New Orleans Homeless Youth versus Houston Homeless Youth in the Post Hurricane Katrina Aftermath

Presenting Author: Philisie M. Washington RN, MS
Address: 9202 Skipping Stone Lane
Houston, Texas 77064
USA
Ph: Fax:
Email: philisie.washington@sjcd.edu
Institution: UTMB Galveston

Author List:
Philisie Washington
Philisie Washington

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Problem/Purpose: The goal of this project is to determine if homeless youth from New Orleans who were transposed or transferred to Houston, post hurricane Katrina, experience a greater degree of post traumatic stress (PTS) and hopelessness than those already homeless living in Houston, and the impact of an intervention designed to reduce PTS and hopelessness.

Background: Homeless youth have a set of psychosocial circumstances surrounding their status: age; reason for homelessness; drug or alcohol abuse; sexual abuse and many other factors make their situation unique. The variables of interest are stress levels, homelessness, hopelessness, age, and time of arrival to the Houston homeless population.

Population, Sample, Setting: A sample of 50 homeless youth between the ages of 15 and 21 years of age will be selected from the Covenant House Houston, Texas. There will be two groups of 25 youth from each geographical location (Houston & New Orleans). The intervention will be a workshop on stress reduction, biofeedback techniques, guided imagery, a squeeze ball for tactile stress relief, and a biofeedback or cassette on stress reduction.

Methods: The Switching-Replications quasi-experimental design will be used. Instruments will be administered to groups, comparison and control, to collect demographic data; the Holmes & Rahe Life Events Stress Test; Perceived Stress Scale; Child and Adolescent Post traumatic Stress Disorder (PTSD) checklist; Beck Hopelessness Scale (BHS) ; and the Population Characteristics Survey (PCS) to collect general demographic data.

Conclusions/Implications: The implications, especially for nursing, will allow those coming in contact/managing care or treatments for homeless youth to recognize the impact that a psychological trauma related to a natural disaster has on homeless youth. Recommendations for identifying these youth and providing additional interventions for care will be useful. Funding to provide programs which speak to their special needs can be supported by results from this research.

Back to Top
Abstract ID: 523

Nurse Perceptions of Spiritual Care

Presenting Author: Deborah C. Richardson BSN
Address: 1425 Wiggs Dr.
Dalton, GA 30721
USA
Ph: Fax: 706-272-6690
Email: drichardson@hhcs.org
Institution: University of West Georgia

Author List:
Deborah Richardson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: The purpose of this study was to describe perceptions and practices related to spiritual care among nurses in various areas of specialty. Nurses’ perceptions of their own intrinsic religiosity, their perceptions of their own extrinsic religiosity, and their descriptions of their own spiritual well-being were examined. The relationships among nurses’ spiritual well-being, their religiosity, their attention to spiritual care, and the frequency in which they reported offering spiritual therapies to patients were explored.

Design: This nonexperimental study used a descriptive correlational design

Sample: The convenience sample consisted of fifty-nine licensed nurses who were practicing in one of two participating North Georgia Hospitals

Methods: Nurses completed questionnaires. The three instruments used were the Intrinsic-Extrinsic Revised scale for religious orientation, the Spiritual Well-being (SWB) scale, and the Spiritual Care Perspectives Scale (SCPS).

Findings: Eleven primary areas of practice were identified among responses. Nurses’ attitudes toward spiritual care, as measured by the SCPS, were not significantly different across specialties. Frequency in the provision of various spiritual care interventions were similarly distributed across areas of specialty.
Significant correlation was noted between nurses’ combined religious orientation on the I/E-R scale and the SCPS at the 0.05 level. Correlation significance at the 0.01 level was noted between nurses’ intrinsic religious orientation and the SCPS.
Correlation was significant at the 0.05 level for existential well-being on the SWB scale and the SCPS. Greater significance in correlation was noted between the combined spiritual well-being on the SWB scale and the SCPS. The correlation between religious well-being on the SWB and the SCPS revealed the most significance.

Implications: Attention to spiritual care is not unique to certain specialties in nursing. Attention to spirituality is necessary for the provision of holistic nursing care. Nurses in all areas of practice need self-awareness when providing spiritual care.

Back to Top
Abstract ID: 524

Quality of Reporting Randomized Controlled Trials (RCTs) in the Nursing Literature: Application of the Consolidated Standards of Reporting Trials (CONSORT)

Presenting Author: Hyeon Joo Lee RN, MS
Address: 6356 WIND RIDER WAY
COLUMBIA, MD 21045
U.S.A
Ph: Fax:
Email: lee@son.umaryland.edu
Institution: School of Nursing, UMAB

Author List:
Hyeon Joo Lee
Mona Choi

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
PURPOSE: RCTs provide invaluable evidence of the efficacy of nursing interventions; however, the quality of RCT reporting has not been evaluated in the nursing literature despite the increasing number of RCTs being published. The purpose of this study was to evaluate the quality of the reporting of RCTs in the nursing literature by applying the Consolidated Standards of Reporting Trials and using the Jadad scale. Study questions were: What is the quality of RCTs in nursing journals and does adoption of CONSORT improve quality?

METHODS: One hundred RCTs published between 2002 and 2005 were identified using both MEDLINE and manual searches from four nursing journals reporting ≥14 RCTs (Journal of Advanced Nursing, Journal of Clinical Nursing, Nursing Research, and Research in Nursing and Health). Articles were randomly assigned to reviewers following the conduct of a pilot study to establish inter-rater reliability and quality of reporting was evaluated using CONSORT and Jadad checklists. SPSS 13.0 was used for data analyses.

RESULTS: CONSORT and Jadad scores ranged from 12-35 and 0-4 respectively and were highly correlated (r=0.61, p<.001). There was no difference between the four journals in RCT reporting quality using CONSORT (F=1.265, p=.291) or Jadad (F=2.509, p=.064). However, there was a trend toward improvement in CONSORT scores (F=2.220, p=.091) over time. Furthermore, the quality improved significantly following adoption of CONSORT in Nursing Research, the only journal to adopt CONSORT during study period: randomization items of CONSORT (t=-2.38, p<.05), Jadad (t=-2.098, p<.05).

DISCUSSION: Our study provides evidence that the quality of reporting RCTs is improving over time and with adoption of CONSORT. Adoption by other journals is recommended (RINAH adopted in 2005) as the application of the standards may lead to an overall improvement in quality of reporting of nursing RCTs specifically and in other nursing research in general.
Abstract ID: 526

If Walls Could Talk: The Lived Experience of Witnessing Verbal Abuse Toward Residents in Long-Term Care Facilities

Presenting Author: Lena Rippstein MSN, RN, GNP
Address: 293 Goat Creek Cutoff
Kerrville, Texas 78028
USA
Ph: Fax: 830-367-2791
Email: lenaripp@omniglobal.net
Institution: The University of Texas Medical Branch at Galvesto

Author List:
Lena Rippstein
Lena Rippstein

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Abstract: Twenty percent of the population over 65 years of age will spend some time in a nursing home. Most research addressing abuse in long-term care (LTC) facilities focus on sexual abuse, physical abuse and financial abuse or neglect. Little research has been conducted in the area dealing with the issue of verbal abuse, a phenomenon not easily quantified. This topic is significant to nursing in that it focuses on the culture in our LTC facilities and allows new consideration of everyday taken-for-granted practices that might be considered abusive. The research question for this qualitative study in progress is, “What is the essence of witnessing verbal abuse toward residents in LTC?” A Husserlian phenomenological approach is being used to describe the experience of witnessing the phenomenon of verbal abuse toward residents in LTC from the perspective of the witness. A purposive sample of 10 nurse aides and 10 licensed vocational nurses who identify themselves as witnessing verbal abuse are being asked about their experience using open-ended questions. All interviews are tape-recorded and transcribed verbatim. Colaizzi’s (1978) procedural steps for interpretive analysis is being used and rigor is being addressed using Lincoln & Guba’s (1985) criteria for trustworthiness. The early thematic findings of this study will be reported. Implications for the thematic results include increased understanding of the phenomenon of verbal abuse in LTC and the development of an educational program that aims to increase awareness of verbal abuse and eliminate this form of abuse.

Back to Top
Exploring Perception of Risk for CHD in African American Women with Type 2 Diabetes

Presenting Author: Carolyn McKenzie PhD-(c)
Address: 2066 Iron Mtn Rd
Asheboro, NC 27205
USA
Ph: Fax:
Email: mckenzie@email.unc.edu
Institution: UNC Chapel Hill

Author List:
Carolyn McKenzie
Carolyn McKenzie

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: The purpose of this paper is to present the conceptual model for the proposed study Exploring Perception of Risk for Coronary Heart Disease in African American Women with Type 2 Diabetes. Adapted from the Common Sense Model (Kelly et al., 2004; Cameron & Leventhal, 2003), this model focuses on the woman’s illness representation of type 2 diabetes (T2DM) which influences her perception of risk for coronary heart disease (CHD). Optimism/pessimism are considered as mediating factors. The purpose of the model is to guide a study to 1.) explore varying levels of perception of risk for CHD, 2.) determine how perception of risk is formed, and 3.) identify the components of illness representation which are most influential in developing the perception of risk for CHD. Mixed methods will be used.

Method: The sample will include 55 participants that are English speaking, ages 30-65, a history of T2DM > 1 year with no known CHD. All participants will receive one home visit. After levels of risk perception are determined, a stratified sample will receive a second home visit to expand the initial findings from the questionnaires using semi-structured in-depth interviews.

Instruments: Illness representation of T2DM will be measured using the Illness Perception Questionnaire-Revised. Perception of CHD Risk will be measured using a tool developed by the investigator, the Perception of Risk Questionnaire and optimism/pessimism will be measured by the Life Orientation Test–Revised.

Analysis: Data will be combined after both phases of the study are completed to examine rationale/narratives behind levels of risk perception. Multiple regression analysis will be used to explore the relationships between the components of illness representation and the perception of risk for CHD. Data from in-depth interviews will be examined for themes. Profile analysis will be used to predict which characteristics predict specific levels of risk perception.
Critical Thinking at the Bedside: Effects on Organizational Costs and Clinical Competency

Presenting Author: Christina Ramey RN, MSN
Address: 4645 Pine Isle Way
Sugar Hill, GA 30518
United States
Ph: Fax:
Email: cramey@brenau.edu
Institution: Georgia State University/Phd program

Author List:
Christina Ramey
Christina Ramey

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Children's Healthcare of Atlanta

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Introduction: The loss in organizational revenue due to a revolving door of new hires has a negative impact on an organization. Recruitment practices facilitating employment of nurses with higher critical thinking ability will assure increased nurse retention rates and decreased organizational costs.

Statement of Purpose: The purpose of this study is to examine the relationship between domain specific knowledge (pediatric nursing) and critical thinking (CT) ability of a newly hired registered nurse’s (RN’s) and the length of time to complete the hospital clinical orientation.

Hypotheses: (a) Predisposing factors of age, education, clinical certification, and previous employment are not statistically associated with the CT ability of newly hired RN’s; (b) Higher CT ability will decrease the length of time clinical orientation; (c) A higher pediatric clinical knowledge score will decrease the length of time required for clinical orientation; and (d) There is a difference in CT ability and domain specific knowledge between new graduate RNs and RNs with greater than 1 year nursing experience.

Methodology: A convenience sample of 100 newly hired RNs was recruited for this pilot study. Participants completed a customized web-based exam that measured domain specific knowledge in pediatric nursing and CT ability of each participant. Length of time required to complete clinical orientation was evaluated by the clinical educator through the clinical orientation process.

Implications for Practice: With information about the participants’ pediatric nursing knowledge and critical thinking skills, educators can direct the orientation to the individual needs of the participants during classroom and clinical orientation. Organizational costs for the orientation processes can be reduced by individualizing each orientation to meet the specific needs of the newly hired RN. In addition, retention rates will increase.

Data Analysis: Data analysis will include descriptive (means, standard deviations, Chi-square, percentages, bivariate correlations), and hypothesis-test statistics (multiple regression, independent t-test analysis).
Number of Provider Types and Outcomes of Diabetes: A Secondary Data Analysis

Presenting Author: Sara L. Clutter MSN, RN
Address: 293 Dillie Road
Sycamore, PA 15364
United States
Ph: Fax:
Email: sclutter@waynesburg.edu
Institution: West Virginia University and Waynesburg College

Author List:
Sara Clutter
Sara Clutter

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Number of Provider Types and Outcomes of Diabetes:
A Secondary Data Analysis

Sara L. Clutter, MSN, RN
Doctoral Student, West Virginia University
Assistant Professor of Nursing, Waynesburg College
Waynesburg, PA 15370
Collaboration, Patient Outcomes, Diabetes, Secondary Analysis

Purpose: Previous research exists to support improved healthcare (HC) outcomes when increased collaboration exists among providers. Since diabetes mellitus (DM) accounts for approximately 92 billion healthcare dollars per year, potential relationships between collaboration and both control and prevention of DM may provide important clues to controlling HC spending. The purpose of this study was to examine the relationship between number of provider types and outcomes of diabetes care.

Method: Data from the National Health Interview Survey were examined using secondary analysis and SPSS Graduate Pack 13.0 for Windows. Data related to number and types of providers seen, preventive care practices, and blood glucose control were reviewed, recoded, and analyzed for relationships between the number of providers seen and both prevention practices of DM and DM control.

Findings: Although data indicate tighter blood glucose monitoring practices among patients who saw multiple providers; no appreciable differences existed in glycated hemoglobin levels among patients who saw different numbers of providers. In addition, significant inverse relationships were identified between multiple providers and primary preventive care measures.

Discussion: Patients reported poorer primary preventive care practices when seeing multiple care providers. One explanation for this may be that effective collaboration is not being performed. This information may be clinically significant because 60% of patients in this survey reported poor preventive practices for the function altering sequelae of eye and foot complications of diabetes.
Reliability and Validity of Instruments for Measuring Asian Nurses' Attitude Toward Job and Organization

Presenting Author: Shwu-ru Liou MHA
Address: 2306 Wikershame Ln#1213
Austin, TX 78741
USA
Ph: Fax:
Email: srliou5022@mail.utexas.edu
Institution: University of Texas at Austin

Author List:
Shwu-ru Liou
Shwu-ru Liou

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
As the increasing number of Asian nurses working in the U.S., it is important that healthcare administrators value the cultural differences brought by their employees to the organization. However, there is a paucity of studies on Asian nurses. This study was to test the validity and reliability of the Collectivist Orientation (CO), Practice Environment Scale (PES-NWI), Organizational Commitment Questionnaire (OCQ), and Anticipated Turnover Scale (ATS). Research questions included (a) what evidence best supported the validity of the instrument, and (b) what were the Cronbach's alphas and item-scale correlation coefficients of the instruments. The study was an exploratory descriptive design. Snowball sampling method was used to recruit 35 Asian RN who were in non-management positions and practiced at current job for at least 6 months. Participants were recruited with a mix of email and paper surveys. A total of 33 participants were females and most of them were from Philippines (37.1%). 74.3% of them had a Bachelor degree and lived and worked in an average of 9.81 and 8.30 years in the U.S. Their average years of employment at current job were 4.52 years. The Cronbach’s alphas for the CO, OCQ, PES-NWI, and ATS were .73, .90, .95, and .85 whereas item-total correlation coefficients ranged .41-.67, .15-.90, .05-.80, and .16-.70, respectively. The CO was not significantly correlated with two questions about individualist orientation (r=.001 and -.25). The OCQ and ATS were significantly correlated with the OC and ITS (r=.80 and .40, respectively). The percent of agreement for items of the PES-NWI ranged 79.4%-100%. The results showed satisfactory reliability and validity of the CO, PES-NWI, OCQ, and ATS when utilizing them to measure Asian nurses' attitude to their job and organization, and intention to leave current job. The validated questionnaires can be used by other researchers who are interested in Asian nurses.
Factors Related to Uptake of Evidence-Based Clinical Practice Guidelines By Registered Nurses in the Veterans Health Administration Setting

Presenting Author: Paula Cooper Clutter MSN
Address: 13 Canteview
San Antonio, Texas 78254
USA
Ph: Fax:
Email: clutter@uthscsa.edu
Institution: UTHSCSA School of Nursing

Author List:
Paula Clutter
Paula Clutter

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Evidence-based clinical practice guidelines (CPGs) are key tools that have the potential to improve patient care and outcomes however in most cases may not be rapidly adopted into practice. The purpose of this study is to describe the relationships among registered nurses’ (RN) characteristics, sources of knowledge used in clinical practice, attitudes toward CPGs, perceived competency to perform evidence-based practice tasks relating to CPGs, and RN perception of organizational culture on self-reported uptake of evidence-based CPGs.

A descriptive, correlational, cross-sectional design with nonprobability purposive sampling will be employed to target an accessible population to identify all RNs involved in some aspect of direct patient care working in a Veterans Health Administration setting. A 108 item questionnaire consisting of a combination of various instruments, most of which have been developed and tested by other investigators, will be used. The Tailored Design Method (Dillman, 2000) will be employed to achieve a high survey response rate. Data collection will be completed by December 2006. Descriptive statistics will be used to describe the demographic variables and results from open-ended questions will be analyzed with content analysis. Ordinary least squares regression and logistic regression will be used to investigate the predicted relationships being studied.

Evidence-based CPGs are one of the most promising approaches to translating research into practice. Discovering the influence of key factors on the uptake of evidence-based CPGs is important in improving healthcare. The findings will lay the foundation for future research and intervention studies that identify strategies to enhance the uptake of evidence-based CPGs into practice. In addition, these findings are essential to build nursing’s knowledge base and address the urgent need for healthcare to be science-based to improve quality and enhance patient healthcare outcomes.

Funded in part by a grant from the Delta Alpha Chapter of Sigma Theta Tau International Honor Society of Nursing.
The Effect of Depression and Anxiety on Medication Adherence in Patients with Heart Failure

Presenting Author: Jia-Rong Wu MSN
Address: 1608 University Court A 108
Lexington, KY 40503
USA
Ph: Fax:
Email: jiarongwu@uky.edu
Institution: University of Kentucky

Author List:
Jia-Rong Wu
Jia-Rong Wu

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Background: Depression and anxiety are related to poor outcomes in patients with heart failure (HF). Nonadherence to prescribed medications has been identified as the major cause of unnecessary hospitalizations, mortality, and excessive medical costs in patients with HF. It is not known whether anxiety or depression increase medication nonadherence.

Purpose: The purpose of this study was to determine the effect of depression and anxiety on medication adherence in patients with HF.

Methods: A longitudinal study using a convenience sample of patients with HF was conducted. At baseline, patients completed questionnaires assessing demographic data, clinical characteristics, depression (Patient Health Questionnaire), and anxiety (anxiety subscale of the Brief Symptom Inventory). Medication adherence was monitored continuously for 3 months using the Medication Event Monitoring System (MEMS), an objective measure. Multiple regression was used to determine the effect of depression and anxiety on medication adherence while controlling for relevant demographic and clinical variables.

Findings: A total of 85 patients (41% women; age 61 ± 12 years; NYHA class III/IV 66%) with HF participated. Three indicators of adherence were determined: 1) percentage of prescribed number of doses taken: 86±18% (range 12-100%); 2) percentage of days correct number of doses taken: 77±26% (range 0-100%); and 3) percentage of prescribed doses taken on schedule: 61±36% (range 0-100%). In multiple regression models for each of the adherence indicators only living alone (p < 0.01), higher anxiety (p < 0.01), and higher depression (p < 0.01) predicted medication nonadherence after controlling age, gender, living status, education level, NYHA class, and ejection fraction.

Conclusion: Although overall medication adherence was relatively high, medication nonadherence was a substantial problem for 25-35% of patients. Those patients who are anxious, depressed or living alone are at greatest risk for medication nonadherence which may explain why depressed and anxious patients have poorer outcomes.
Known as early perceptual recognition (EPR), this phenomenon describes nurses’ ability recognize that a patient will imminently experience a clinically life threatening event before objective signs are apparent. The purpose of this study was to enhance understanding of EPR by identifying what triggers EPR and examining how the skill of EPR is developed. Interpretative phenomenology served as the philosophical orientation and methodology guiding this study. A networked sample of 32 nurses residing in the USA submitted written narratives describing their EPR experiences. Fourteen respondents participated in semi structured, in depth telephone interviews. Data were analyzed using constant comparative analysis along with the method for hermeneutic analysis described by Diekelmann, Allen, and Tanner (1989).

The Catalano Model of Early Perceptual Recognition emerged from data analysis. At the heart of the model is a theme called The Look. The Look triggered the rapid cognitive responses that characterize EPR. The Look refers both to the appearance of the patient and the look on the patient’s face. After recognizing The Look, most nurses experienced The Feeling. The Look and The Feeling occur nearly simultaneously. This usually visceral feeling propelled The Action. Depending on the nurse’s assessment of the situation, actions included: (a) Intervention, (b) Investigation, or (c) Impartation of their concern to colleagues.

Respondents indicated that they believe that their EPR skills emerged from a combination of experiences, in everyday life as well as professionally, and that EPR skills can be taught and developed. Early perceptual recognition is a complex construct composed of a variety of cognitive processes that is an acquired skill. EPR may improve clinical outcomes. Implications of this research include the need to develop teaching strategies that will help nurses and nursing students develop their EPR skills. Methods to assess the affect of EPR on clinical outcomes must also be developed.
Abstract ID: 560

Screening for Intimate Partner Violence: Perceptions/Concerns of Healthcare Providers

Presenting Author: Melody Amber Gassoway
Address: 115 Greycliff Dr.
San Antonio, TX 78233
USA
Ph: Fax:
Email: gassoway@uthscsa.edu
Institution: The University of Texas Health Science Center at S

Author List:
Melody Gassoway
Melody Gassoway

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Statement of Purpose/Specific Aims: Approximately 1.5 million women are raped and/or physically assaulted annually by an intimate partner. Intimate partner violence (IPV) is one of the leading causes of death in women. While routine screening for IPV has been strongly recommended, actual screening rates remain low. This secondary analysis was sought to describe perceptions/concerns of importance to healthcare providers regarding screening for IPV.

Research Question: Secondary analysis was performed on data, from a larger descriptive study examining screening practices, in an attempt to answer the question: what is important to healthcare providers regarding screening for IPV?

Significance: Previous research indicates there are barriers to screening. Secondary data analysis examined perceptions/concerns of importance to healthcare providers imparting needed insight into possible interventions making findings applicable to the community thereby promoting routine screening for IPV.

Method: Inter rater reliability was established with the research team. Content analysis was performed on responses to an open-ended question, which invited providers to share what was of importance regarding IPV. Responses were examined, coded and categorized.

Findings: The final sample consisted of 23 healthcare providers, 18 advanced practice nurses and 5 physicians. The majority were female (82.6%, n=19) and advanced practice nurses (78.3%, n=18). Five prevalent themes emerged: provider experiences/opinions concerning IPV, perceived barriers to screening, needs in practice, needs in research, and educational needs. From 23 responses, 36 individual comments were coded/categorized. Experiences/opinions practice and barriers each accounted for 22.2% of the comments.

Discussion: Healthcare providers shared their experiences including important provider barriers such as time constraints, lack of knowledge concerning screening tools, difficulty with interventions, competing demands, and professional frustration. Knowing what is important makes provider education/support more relevant, which can serve to better facilitate routine screening for IPV.
Abstract ID: 564

**Evaluation of Palliative Care Knowledge in Intensive Care Nurses**

**Presenting Author:** Dale Abernathy Howard RN, BSN, MSN, nursing student  
Address: 36 Pine Court  
Carrollton, GA 30117  
USA  
Ph: Fax: 770-836-5283  
Email: lizzach1@aol.com  
Institution: University of West Georgia

**Author List:**  
Dale Howard

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

**Abstract Subject:**

**Abstract:** The World Health Organization (W.H.O.) (2005) defines the objective of palliative care to be achievement of the best possible quality of life for patients whose disease process is not responsive to curative treatments. Yet in an ICU, palliative End of Life (EOL) care often conflicts with a cure culture. Documented deficiencies in palliative EOL care exist in intensive care settings (Peaceful Death, 1997; Rushton, Williams & Sabatier, 2002; SUPPORT, 1995). The purpose of this study was to survey ICU nurses knowledge of palliative EOL care. The End of Life-Educational Needs Survey (Schlairet, 2005) was used to assess knowledge as described by attitudes/beliefs and competency, within the seven palliative care domains for intensive care nursing. The seven domains are defined as 1) patient/family centered decision making, 2) communication within medical team/patient/families, 3) continuity of care, 4) emotional/practical support, 5) symptom management/comfort care, 6) spiritual support for patient/families, and 7) emotional/organizational support for clinicians (Clarke et al., 2003). A descriptive design, with a sample of 91 ICU registered nurses working in four northwest Georgia hospitals, was used.

The results of the study revealed palliative EOL care educational needs for ICU nurses including: 1) Medicare hospice benefits and local EOL laws/regulations; 2) continuity/coordination of EOL care; and 3) EOL professional issues for nurses. A Chi square analysis revealed significant results (p=.035) when years worked in an ICU was compared to overall EOL competency. Fifty five per cent of nurses with 7 or more years experience in the ICU rated their knowledge level as competent, while 66.7% of nurses with 0-2 years experience rated their knowledge as not competent. Sixty four per cent of all nurses, regardless of experience or knowledge levels, found it difficult to transition from a cure culture to a care environment in the ICU.
Relationships and Retention: The Staff Nurse Perspective

Presenting Author: Ann Colleen Jernigan MSN
Address: 6142 Bayou Bridge Drive
Houston, TX 77096
USA
Ph: Fax:
Email: cjerniga@mdanderson.org
Institution: University of Texas MD Anderson Cancer Center

Author List:
Ann Jernigan

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: The purpose of this pilot study was to describe and analyze the experience of staff nurses with their nurse managers. Research questions included (a) what are the relational experiences of staff nurses with their nurse managers?; (b) what are the perceived benefits and challenges of this relationship as experienced by staff nurses?; and (c) what impact does this relationship have on the retention decisions of staff nurses?

Significance: Nursing leaders are challenged to retain competently trained nurses given the projected scope of the nursing shortage, the aging of the workforce, the economic burden of replacement, the graying of nursing faculty, and the need to revitalize the image of nursing. New retention strategies are needed to effectively respond to the supply and demand requirements.

Methods: Hermeneutic phenomenology was used to investigate the experience. The setting for this study was The University of Texas M.D. Anderson Cancer Center. Two white, non-Hispanic females and one Hispanic male between the ages of 42 and 49 made up the pilot population. The RNs were selected from the major clinical areas of the facility including medical-surgical, hematology, and critical care. Data collection included the completion of a demographic questionnaire and participation in an open ended/researcher directed interview.

Preliminary Findings: Retention is a complex phenomenon defined by individual, unit, and organizational variables. Three themes emerged that described the experience and included personal motivation, nurse manager characteristics, and job characteristics. Two broad groupings of respondents were identified as the establishment and the emerging workforce. The experience of staff nurses in the pilot supports the hermeneutic phenomenological philosophical perspective that the individual is the only source of the truth and that there is no single reality. A more diverse sample is needed to confirm or disconfirm the tentative findings.
Abstract ID: 572

Bedside Leadership Practiced Within the Acute Care Hospital Setting

Presenting Author: Barbara Colleen Sorbello MSN
Address: 8872 SW Galardia Court
Stuart, FL 34997
USA
Ph: Fax: 772-223-5965
Email: bsorbello@mmhs-fla.org
Institution: Florida Atlantic University

Author List: Barbara Sorbello

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Significance: Providing quality nursing care within today’s complex bureaucratic hospital is a challenge confronting the nursing profession. Economic constraints, external regulatory body requirements, new technologies, aging of the population and decreased lengths of stay are some of the factors affecting the environment where patient care is delivered; leading to little continuity of care. Within this fragmented care delivery system, it is the nurses providing care around-the-clock at the patient’s bedside that positions them to lead the efforts of patient care coordination, collaboration and decision making through personal influence as bedside leaders.

Method: Ray’s (2006) Holographic Theory of Bureaucratic Caring is the framework within which bedside leadership is conceptualized. This theory includes the assumptions that organizations are complex, with humanistic nursing values of ethical and spiritual caring weaving interdependently with the political, economic, physical, technological, educational, social-cultural, and legal dimensions of the organization.

Findings: The following synthesized definition was developed: Bedside leadership is a way of being there, being with the patient, using influence, advocacy and expertise to facilitate and coordinate care through collaboration. The bedside leader is a mentor and role model.

Implications for Practice: Developing leadership skills of bedside nurses is important to promote positive patient outcomes through lateral integration, coordination of care at the microsystem level, and for mentoring novice nurses.

Implications for Research: Qualitative studies of the value experienced by CNLs of their new role as bedside leaders in the health care delivery setting. Quantitative studies to determine the impact of the CNL role on patient outcomes, nursing sensitive indicators, patient and nursing satisfaction, nursing turnover and retention.

SEARCHING FOR FACTORS TO RETAIN OLDER NORTH CAROLINA REGISTERED NURSES IN THE WORKFORCE

Presenting Author:  Janet P Moye BSN, MS, PhD
Address: East Carolina University BSOM Brody 1K20
Greenville, NC 27834
USA
Ph: Fax: 252-744-3447
Email: moyej@ecu.edu
Institution: East Carolina University

Author List:
Janet Moye
Janet Moye

Abstract:
Purpose: The purpose of this study is to identify patterns exhibited by older nurses that may keep them working longer and decrease the nursing shortage.
Research Questions: The primary research question is: What are the factors identified by older NC registered nurses that may successfully promote retention past traditional retirement age? The following sub-questions are being explored:
1. What are the demographic characteristics of older North Carolina RNs who are planning to work past traditional retirement age?
2. Are there predictors of older North Carolina RNs intentions to leave the workforce at traditional retirement age?
3. Are there predictors of older North Carolina RNs who are planning to work past traditional retirement age?
4. Are there changes that employers can make that would keep older North Carolina RNs in the workforce past traditional retirement age?
5. What reasons did older North Carolina RNs give for returning to the workforce after retiring?
Significance: This study is highly relevant to nursing and nursing workforce issues. Over one-third of currently practicing registered nurses in the United States are over the age of 50 and predicted to begin retiring in large numbers in the next decade unless strategies are identified and put in place to keep them in the workforce.
Method: Secondary Analysis of selected items from the North Carolina Center for Nursing (NCCN) survey of older registered nurses that address the research questions is used with a mixed-method design. A sample frame of 250 RNs was selected to study. Quantitative descriptive and regression analysis is being conducted. Qualitative thematic analysis is used for two open-ended questions Findings: This study is in progress with a December completion date. Factors identified through quantitative analysis and themes emerging through qualitative analysis will be reported as potential solutions to keep older RNs working past retirement.

Presenting Author: Rosemary A. Pine MSN
Address: 1011 Sugardale Court
Sugar Land, TX 77478
USA
Ph: Fax: 713-441-4427
Email: rpine@tmh.tmc.edu
Institution: The Methodist Hospital

Author List:
Rosemary Pine
Rosemary Pine

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Nurse Residency programs are often designed to promote graduate nurse success in a particular specialty, but their effectiveness with new nurse retention is sometimes questionable. Effective nurse residency programs exhibit certain characteristics which provide the new BSN graduate a balance of social support, clinical expertise, and excellence in the work environment.

The Nurse Residency at The Methodist Hospital (TMH) is one such effective program. TMH, a Magnet facility, has a well established nurse orientation based on Benner’s model. As part of UHC, it has benefit of the curriculum (also based on Benner’s model) which was developed and tested by UHC and AACN.

Combining the UHC curriculum with the Clinical Nurse Educators, Organizational Development, and other resources of TMH gives BSN nurse residents the support they need and the opportunities for growth into a life long commitment to professional nursing.

The key components of the program including the residency team, the curriculum pieces specific to TMH, program structure, and the TMH return on the investment from 2004-06 will be shared. Graduate nurse reflections and next steps for the program will also be presented.
Women with high anxiety have increased risk for in-hospital complications

Presenting Author: Lynne Andersen Jensen MS, ARNP
Address: 2537 Sungale Court
Lexington, KY
USA
Ph: Fax:
Email: lajens2@email.uky.edu
Institution: University of Kentucky

Author List:
Lynne Jensen
Lynne Jensen

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: NIH: RO1 NR 07952
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Women's prognosis after acute myocardial infarction (AMI) is worse than men's for reasons that are not clear. Anxiety level predicts post-AMI complications and is higher in women after AMI. Purpose: The purpose of this study was to: (1) determine if there was an interaction between gender and anxiety in predicting in-hospital complications and (2) determine clinical predictors of in-hospital complications in an international sample of patients with an AMI. Methods: 879 patients with confirmed AMI from five countries were recruited. Anxiety was measured using the anxiety subscale of the Brief Symptom Inventory within 48 hours of hospital admission. In-hospital complications were defined as the occurrence of any of the following: reinfarction, recurrent ischemia, malignant dysrhythmias, cardiogenic shock, and acute heart failure. These data were collected via extensive chart review by reviewers blinded to patients' anxiety level. Multiple logistic regression was used to test the following model to predict the presence of any in-hospital complications: age, gender, anxiety level, beta-blocker administration, anxiolytic administration, fibrinolytic use, smoking status, hypertension, diabetes, admission Killip classification, previous AMI, previous angina, and marital status. Results: Women had higher rates of in-hospital complications (30.4% of women vs. 22% of men, p = 0.008). Following adjustment for all variables in the model, the variables that were predictors of the probability of in-hospital complications following an AMI were: anxiety (adjusted OR = 1.66, 95% CI 1.27 – 2.15), current smoker (adjusted OR = 1.70, 95% CI 1.17 – 2.46), Killip classification II- IV (adjusted OR = 1.86, 95% CI 1.29- 2.68), receiving thrombolytic therapy (adjusted OR = .677, 95% CI .48 - .96), and receiving anxiolytics (adjusted OR = .56, 95% CI .39 - .78). Conclusions: Women experienced higher rates of complications after AMI and women reported higher anxiety scores but administration of anxiolytics significantly decreased complications in both men and women.
Defining Horizontal Violence Using Nurses' Stories of Conflict with Nurse Colleagues

Presenting Author: Joy Longo
Address: 18403 Via Di Sorrento
Boca Raton, Florida 33496
USA
Ph: Fax:
Email: JLONGO5@fau.edu
Institution: Florida Atlantic University

Author List:
Joy Longo
Joy Longo

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:

Purpose: The purpose of this analysis was to assess the accuracy of the literature-derived definition of horizontal violence through nurses' stories of conflict with other nurses.

Research Question: What components of the literature-derived definition are supported by nurses' stories of conflict with other nurses? What components are negated? Are there any other dimensions of this phenomenon that are identified through these stories?

Significance: Horizontal violence is defined in the nursing literature as subtle or overt physical, emotional, or verbal abuse displayed between colleagues. It is theorized to result from oppressed group behavior. Victims may experience physical or psychological sequela including thoughts of leaving nursing. The ability to identify such behaviors may assist in development of programs to enhance recruitment and retention at this time when the nursing shortage critically affects patient care.

Methods: Nurses were asked to write for ten minutes about an experience of conflict that occurred between themselves and a fellow nurse. Twenty-one stories were collected. A qualitative approach was used which included a deductive and inductive phase. Deductive analysis explored how these stories encompassed the three dimensions of horizontal violence: physical, verbal, and emotional abuse; and whether abuse was subtle or overt. Inductive analysis was used to identify other dimensions of horizontal violence, not already captured in the literature-derived definition.

Findings: Nurses' stories of conflict with colleagues include experiences of emotional and verbal abuse. Verbal abuse was consistently overt; emotional abuse was either overt or covert and included being undermined and being reported to supervisors. There were no reports of physical abuse. Participants were sometimes victims and sometimes perpetrators of horizontal violence.

Discussion: Physical abuse may be irrelevant for the definition of horizontal violence in this population. It is important to consider both sides (victim, perpetrator) of the horizontal violence relationship in future research and program planning.
Abstract ID: 598

Nurses Experiences with Disclosure of Errors to Patients

Presenting Author: Debbie A. Greene PhD Student Georgia State U.
Address: 107 Monarch Place
Warner Robins, GA 31088
USA
Ph: Fax:
Email: dgreene027@cox.net
Institution: Georgia State University

Author List: Debbie Greene

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Ethics

Abstract:
Purpose: The purpose of this study is to generate knowledge about nurses’ experiences with and perceptions about disclosure of errors to patients. The specific aims include:
1. Describe nurse experiences with errors in regards to disclosure versus non-disclosure to patients.
2. Identify nurse perceptions of responsibility for disclosure.
3. Determine the factors that influence disclosing or not disclosing patient care errors.
4. Differentiate between characteristics of errors that are disclosed, versus those that are not disclosed.
Significance: Because nurses are involved with almost every aspect of patient care (e.g. medication administration, assisting with surgical, diagnostic, and resuscitative procedures), they are likely to be involved with or may witness errors as they occur. Nurses are essential partners in identifying the mechanisms that influence whether disclosure occurs. A health-care culture of openness and learning from the mistakes of others can ultimately improve the safety of the health care system. While disclosure as a by-product of open communication may ultimately lead to decreased patient care errors, disclosure itself is a measure of patient care quality.

Design/Methods: A phenomenological design will be used to examine nurses' experiences with disclosure of patient care errors. A sample of 20 nurses will be recruited from participants at a national medical-surgical nurses’ conference. Inclusion criteria for participants include registered nurses providing direct patient care for a minimum of 24 hours per week and employed in their current position at least one-year. Interviews will be taped, transcribed verbatim, and analyzed by the research team. Well-established methods of extracting themes will be used.
Findings/Implications: Findings from this research will provide a view of the nurses' experiences with errors and disclosure. Additionally, knowledge of nurse perceptions regarding their responsibility toward disclosure will be generated. The knowledge gained from this study will guide future interventions to support patient safety and disclosure of errors to patients.
Effects of the Women's Health Initiative on Hormone Replacement Therapy Use

Presenting Author: Catherine M. Greenblum MSN, ARNP-C
Address: 19 Sparkleberry
Fernandina Beach, FL 32034
USA
Ph: Fax: 
Email: CathyG9090@aol.com
Institution: University of Florida

Author List:
Catherine Greenblum
Catherine Greenblum

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Since the results of the Women’s Health Initiative (WHI) study were published in 2002, millions of women and their healthcare providers have had to re-examine decisions regarding the use of hormone replacement therapy (HRT). An estimated 30 million women reached menopause in 2003 and an anticipated 6 million more women will reach menopause in the next decade. One fourth of all menopausal women seek treatment for menopausal symptoms and until July, 2002, HRT was the standard of care. When WHI reported HRT users had an increased risk for stroke, thromboembolic disease, heart attack, breast cancer, urinary stress incontinence, and possibly dementia, millions of women abruptly stopped hormone therapy. This study explored the effects of WHI on HRT use by patients in a single physician Ob-Gyn practice in northeast Florida. The sample included the medical records of 1,195 women born during or before 1954 with a visit to the practice for gynecological care between July 2002, and March, 2004. Records were reviewed to collect data about demographics, past medical history, and HRT use.

A significant portion of the women (77.2%) had discontinued HRT. Of the women remaining on HRT, 54.7% changed either dose or type of hormones taken. Only 4% of patients initiated HRT after July 2002. One fourth of all menopausal women seek treatment for menopausal symptoms and approximately 25% of women who discontinue HRT restart treatment within two years. It is therefore imperative that practitioners’ prescribing practices of HRT be examined so that guidelines can be developed for safe and effective treatments for troublesome menopausal symptoms can be offered to this large population of women.

Back to Top
Women and Trust in their Physician

Christina D. Brazier MSN, BSN
Susan Ashford PhD, RNC, FNP

Background/Purpose: Trust is an essential component in the physician/patient relationship. Many studies have been performed related to the topic of patients and trust, but few studies have been conducted regarding women and trust in their physician. This study describes the relationship between women and their physician and determines the importance of trust in relationships. The purpose of this study was to explore the concept of trust in the female patient-physician relationship.

Methods: One hundred female participants were asked to complete two surveys. Of the one hundred women, eighty women participated and were recruited from a local university community, a local adult education center, and local churches. The data was retrieved from a convenience sample of eighty women between the ages of 18-80. This study used the Wake Forest Physician Trust Scale (WFPTS) and the Level of Importance Scale- For Trust (LOIS-FT). These tools are designed to measure women’s trust in their physician, the level of importance regarding trust, and the specific characteristics of trust. Inclusion criteria include a female gender over the age of eighteen, being in a current patient-provider relationship, and possessing the ability to read and understand the English language. Participants who had or were in the process of suing a physician were excluded from this study. Among the participants, the mean age was 42.9% and standard deviation of 15.45. In addition, 58.8 percent of the participants were predominantly white, 35% were African American, and 6.4% indicated other race/ethnicity.

Results: Data analysis is in progress. The analysis of the study will be calculated by appropriate descriptive statistics and one-way ANOVA for comparison of among women in accordance to age and race/ethnicity. This analysis will be assessed regarding trust.
Culture and the Psychosocial Experiences of Hispanic Caregivers in Newly Injured Spinal Cord Patients

Presenting Author: Thomas (Thom) Mendez MSN, RN, CNS
Address: 2112 McDuffie
Houston, Texas 77019
USA
Ph: Fax: Email: tbmendez@utmb.edu
Institution: UTMB

Author List: Thomas (Thom) Mendez
Thomas (Thom) Mendez

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
The literature is rich with information on the topic of the psychosocial aspects of clients with spinal cord injuries; however, little is found regarding the informal family caregiver in this population. Even less is documented regarding the cultural aspects of care in relation to those with a new spinal cord injury. In this grounded theory study, nine informal family caregivers of newly injured patients were interviewed within two years of the injury regarding their experiences in the role of informal caregiver. All participants were identified as Hispanic, and the designated informal care provider for the patient. Language preference included two English speaking, and seven Spanish speaking caregivers, and included five wives, three mothers, and one father of a male patient. Informed consent was obtained prior to the interviews.

The phenomena of “getting through” emerged early on in the interviews, and appears to be further synthesized into subconstructs. These subconstructs describe how the caregivers were faced with numerous obstacles, but in most cases, made the necessary adjustments to compensate for barriers encountered. Their ability to cope and adjust seems to flow from a culturally-based sense of duty or respect toward the injured family member, even when the caregiver themselves feels overwhelmed and defeated. The subconstructs of faith, God, and giving thanks to God are frequently seen. Barriers include, not unexpectedly, language, lack of family support, and financial issues. In addition, a number of the caregivers either developed physical symptoms, or experienced worsening of physical maladies indicating resources and support systems are inadequate to foster effective coping.

Additional research about these phenomena, using larger samples and more in-depth interviews, is needed to better understand the influences of culture and psychosocial experiences of this population. This study informs the design and conduct of future investigations needed to guide clinical practices with this population.
Abstract ID: 607

**The Relationships Between Burden, Finding Meaning, and Health in Dementia Spousal Caregivers**

**Presenting Author:** Sue M McLennon MSN, ARNP  
Address: 4330 NW 20th PL  
Gainesville, FL 32605  
US  
Ph: Fax:  
Email: suznm@bellsouth.net  
Institution:

**Author List:**  
Marti Rice  
Barbara Habermann

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
**FDA Disclosure:** Cleared: Yes  
**Abstract Subject:** Aging/Gerontology

**Abstract:**  
Purpose: The purpose is to determine the relationships between caregiver burden, finding meaning and health in spouses of elders with dementia. Specifically, this study will examine the role of finding meaning as a mediator of caregiver burden on physical and mental health.  
Background and Significance: Caring for a person with dementia has been found to negatively affect the physical and mental health of spousal caregivers. In addition, an increased risk of death has been reported in dementia caregivers (Schulz & Beach, 1999). Successful coping strategies have been linked with better health outcomes. Finding meaning has been proposed as a way of coping with caregiver burden. However, it is not known whether finding meaning attenuates the effect of burden on the health of dementia caregivers. Health care providers are key resources for dementia caregivers. By identifying helpful coping strategies, such as finding meaning, providers may be better able to care for elder caregivers and their spouses. Methods: A convenience sample of 57 spousal caregivers will be recruited through dementia support groups, community agencies such as the Alzheimer’s Association, and health institutions in the Southeastern United States. Participants must be currently providing care for a spouse with dementia and have been the primary caregiver for at least 6 months, be English speaking, and able to complete a 30 minute questionnaire. Design: Cross-sectional, correlational design. Measures will include a demographic survey, the Zarit Burden Scale (Zarit, et al., 1980), the Finding Meaning Through Caregiving Scale (Farran, et al., 1997), the Medical Outcomes Health Survey (SF-36, Version 2) summary scales for physical and mental health (Ware, et al., 2000), and the Cognitive Status Scale (Pearlin, et al., 1990). Data Analysis: Descriptive, bivariate correlation, and multiple regression statistical analyses using path modeling.
Abstract ID: 617

Exploring Spirituality in Coping with Early Stage Alzheimer's Disease

Presenting Author: Linda Marie Beuscher MSN, APN
Address: 4301 W. Markham Slot 529 College of Nursing
Little Rock, AR 72205
USA
Ph: Fax:
Email: beuscherlindam@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:
Linda Beuscher
Linda Beuscher

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Hartford Geriatric Nursing Initiative
- Beverly Enterprise
+ Miscellaneous non-income support:
- National Institutes of Health, National Institute on Aging, Alzheimer’s Disease Centers (Grant P30AG19606)

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Keywords: spirituality, coping, Alzheimer’s

Purpose: Older persons who face progressive losses of cognitive functions from Alzheimer’s disease (AD) experience psychological stress. Some state spirituality is a positive coping resource. The purpose of this qualitative study was to seek understanding the role of spirituality in coping in persons with early stage AD. The specific aims were to identify: 1) how spirituality is used in coping, 2) ways to support a person’s spiritual coping, and 3) how AD affects using spirituality in coping.

Method: Open-ended interviews, field notes and observation were used to collect data from a purposive sample of older persons (N=12) with MMSE scores of 18-26. One researcher conducted interviews in central Arkansas metropolitan home settings with a grand tour question “How do you feel about having Alzheimer’s disease?” Transcribed verbatim interviews and field notes were entered into Ethnograph software to extract coded raw data and facilitate domain analysis. Using content analysis and comparison, a domain description emerged from categories and subcategories. The researcher made effort to meet criteria that provide rigor and trustworthiness in the analysis process.

Findings: The researcher identified 3 categories: coping behaviors, connections, and causal appraisal. Prayer, church attendance, and continuing church roles were subcategories of coping behaviors. Personal prayer created connection with the Transcendent, while family provided connection to meaningful values and good memories. Attributes of God were the foundation of causal appraisals and personal faith. All participants defined spirituality as faith in God, applied in day-to-day living.

Discussion: Understanding how people use spirituality to cope is a critical step to developing tailored interventions to enhance their adaptive abilities, thus promote their quality of life and self-worth. Importance of spiritual assessment needs and use of spiritual assessment tools should be integrated in geriatric nursing curriculum.
Abstract ID: 619

The Lived Experience of Women in Despair

Presenting Author: Nancy Scroggs PhD Student, MSN, RN
Address: P. O. Box 819
Moravian Falls, NC 28654
USA
Ph: Fax:
Email: nhscrogg@uncg.edu
Institution: University of North Carolina at Greensboro

Author List:
Nancy Scroggs

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The Lived Experience of Women in Despair

ABSTRACT

Significance: Despair in women causes enormous suffering and disability. Nurses and other health care providers have the opportunity to positively impact these women through their many and varied interpersonal health care contacts. In order for us to properly care for women in despair, it is imperative to deepen our understandings of the phenomenon.

Statement of Purpose: The purpose of this study is to describe the experience of despair in women.

Design: Existential phenomenology.

Research Question: The research question is “What is the lived experience of despair in women?”

Methods: This study, approved by the university’s IRB, is a secondary analysis of existing data from an original study of a unitary conceptualization of women in despair. Data consists of 14 individual interviews with adult women living in the community. In this secondary analysis, interview transcripts are being thoroughly read and analyzed, focusing on the phenomenological experience of despair. The question we are asking of the texts is, “What is the experience of despair?” Data analysis is being conducted using the systematic data analysis method described by Thomas and Pollio (2002), facilitated by ATLAS. ti 5.0, a qualitative data analysis software package.

Findings and Discussion: The study will be completed before the conference presentation date. Findings and implications will be reported and discussed at that time.
Abstract ID: 620

Stress management and impact of illness in women with fibromyalgia syndrome

Presenting Author: Michelle Farci BSN, Doctoral Student
Address: 149 Johnny's Way
Kyle, TX 78640
USA
Ph: Fax:
Email: m_farci@yahoo.com
Institution: University of Texas at Austin

Author List:
Michelle Farci
Michelle Farci

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose: Fibromyalgia Syndrome (FMS), a chronic condition affecting more than 5 million people in the US (80-90% female), is often misunderstood. Major symptoms are chronic pain, depression and sleep difficulties due to anxiety and pain. Women with FMS often report that stress initiated and exacerbates their FMS. The purpose of this study is to examine the relationship among stress management behaviors, perceived ability to manage stress, and FMS impact. Specific research questions are:
What is the relationship between stress management behaviors and perceived ability to manage stress?
What is the relationship between stress management behaviors and fibromyalgia impact?
What is the relationship between perceived ability to manage stress and fibromyalgia impact?

Methods: Data included participant responses to a baseline questionnaire of an ongoing wellness intervention for women with FMS. The questionnaire included items measuring perceived ability to manage stress (Self-Rated Abilities for Health Practices Scale), stress management behaviors (HPLP II- stress management subscale), and the impact of FMS (Fibromyalgia Impact Questionnaire-FIQ). This sample of women (n=199) ranges in age from 43-63 years old (mean=53) with a mean diagnosis length of 9 years (range 3-15 years). The majority of participants (68%) had some college education and almost half (48%) of the sample was unemployed.

Findings: Pearson correlation analysis determined a significant relationship (p<.01) between participants’ confidence in figuring out how to respond to stress and frequency of stress management behaviors (r=.35). Scores on the FIQ were significantly negatively related (p<.05) to perceived ability to manage stress (r= -.21) and reported frequency of stress management behaviors (r= -.18).

Conclusion: Although the correlations are weak to moderate, these findings suggest that interventions directed towards increasing self-efficacy to manage stress may result in more frequent stress management behaviors and decrease FMS impact.

Acknowledgement: Supported by R01HD035047, NICHD and P20NR008348 NINR & NCMHD, NIH.

Back to Top
Depression in Persons with Multiple Sclerosis: A Longitudinal Analysis

Presenting Author: claudia beal
Address: 5108 lake jackson drive
waco, TX 76710
USA
Ph: Fax:
Email: threebeals@yahoo.com
Institution: The University of Texas at Austin

Author List:
clauida beal
clauida beal

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Purpose: Depressive symptoms are common among persons with MS and associated with reduced quality of life. Due to the cross-sectional nature of most studies it is unclear whether depressive symptoms remain stable or fluctuate over time. The purpose of this study was to explore the trajectory of depressive symptoms over a seven-year period in a sample of persons with MS. Specific research questions were:
What are the patterns of depressive symptoms over time?
Do age, gender, and years since diagnosis moderate change in depressive symptoms?
What are the correlations between change in functional limitations and depressive symptoms over the seven-year time period after accounting for the effects of age, gender and years since diagnosis?

Method: Data were collected from a sample of 607 persons with MS (83% female, 93% Caucasian) participating in an ongoing longitudinal study of health promotion and quality of life. Participants responded annually to a battery of self-report instruments that included a demographic sheet and measures of functional limitation (Incapacity Status Scale) and depressive symptoms (Center for Epidemiological Studies Depression Scale). MPLUS 4.0 software was used to estimate latent growth curve (LGC) models to examine trajectories in depression.

Findings: The trajectory of depressive symptoms over the seven years was nonlinear. Younger age (-.188), greater duration of illness (.127), and progressive forms of MS (-.098) at Time 1 had a significant impact on the initial levels of depressive symptoms and accounted for 25% of the variance in depression scores; these variables did not significantly impact the extent to which depression increased or decreased over time. Functional limitation was significantly related to depression at all time points.

Conclusions: Due to the adverse effects of depression on well-being and the potential for suicide, screening procedures in persons with MS are warranted.

Acknowledgement: This study was supported by NINR grant R01NR003195.
Abstract ID: 625

Locus of Control and Diabetes Complications in Mexican American Elderly

Presenting Author: Tszyin Kan BS, MA
Address: PO Box 30001, MSC 3185
Las Cruces, NM 88001
USA
Ph: Fax:
Email: tkan@nmsu.edu
Institution: New Mexico State University

Author List:
Tszyin Kan
Tszyin Kan

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Significance:
The increased prevalence of diabetes in the elderly and in persons of Hispanic descent, as well as the increased complication rates in Hispanics emphasizes the need for research with this population.

Purpose of the Study:
The purpose of the study was to explore the relationship between locus of control and the development of complications in Mexican-American elderly persons with diabetes.

Methods:
This secondary data analysis used the Hispanic Established Population for the Epidemiologic Study of the Elderly (HEPESE). The HEPESE is an ongoing, longitudinal study that has created a rich database of Mexican American elderly living in the Southwestern U.S. The baseline sample obtained in 1993-1994 included 3050 persons aged 65 and older (83% response rate); 23% of study participants reported having diabetes.

Findings:
Analysis of the data using chi-square demonstrates that fewer participants who reported a greater sense of control at baseline developed complications at follow-up. Participants with higher incomes and men had a stronger sense of control. Participants with at least one functional disability (ADL) or cognitive disability had greater concerns for their future. In addition, participants with at least one stressful event reported a greater concern for their future. Of interest is that participants who were married reported a greater concern for the future.

Discussion:
While this secondary analysis is limited in that the construct of locus of control is a multidimensional concept and the two available questions were general in nature, little is known regarding locus of control in elderly Mexican-American persons. This analysis demonstrates a significant difference in the development of complications based on the general locus of control question. This study highlights a need to explore the construct of locus of control in this population, as well as the potential for decreasing complications by developing interventions that target locus of control.

Back to Top
Abstract ID: 628

Living with uncertainty in the Chinese culture perspective: Predicting positive and negative psychological outcomes in parents of children with cancer in Taiwan

Presenting Author: Lin Lin RN, MSN, PhD(c)
Address: The University of North Carolina at Chapel Hill School of Nursing, CB#7460 Chapel Hill, NC 27599-7460 USA
Ph: Fax:
Email: linlin@email.unc.edu
Institution: UNC-Chapel Hill, School of Nursing

Author List:
Lin Lin
Lin Lin
Chao-Hsing Yeh

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: The purpose of this study is to examine whether parental uncertainty and general Chinese coping strategies can predict personal growth through uncertainty (positive psychological adjustment) and posttraumatic stress symptoms of intrusion and avoidance (negative psychological adjustment) in a sample of parents of children with cancer in Taiwan.

Significance: Many studies have identified uncertainty as an important construct in the context of the responses of parents to serious childhood illnesses such as cancer. Relatively little research has examined coping processes that may influence psychological outcomes in parents of children with cancer. By coping with illness-related circumstances differently, parents of children with cancer may experience positive changes and growth other than psychological distress.

Research Hypothesis: Parental uncertainty and coping strategies can predict positive and negative psychological outcomes in parents of children with cancer in Taiwan.

Method: This is a cross-sectional, descriptive study using culturally sensitive measures. The data were collected from 71 fathers and 139 mothers whose children were receiving treatment for cancer in a medical center in Taiwan.

Findings: Multiple regression analysis was used to test proposed relationships among variables. Parental uncertainty and the coping strategies of mobilizing of personal resources, seeking help from social resources, clinging to the philosophy of doing nothing (taking no action), and maintaining stability accounted for 25.8% of the variance of growth through uncertainty ($F=13.6, P<0.001$). Parental uncertainty and appealing to supernatural power explained 16% of the variance of intrusion ($F=19, P<0.001$) and parental uncertainty explained 12.4% of the variance of avoidance ($F=28.6, P<0.001$).

Discussion: The results of the study indicated that parental uncertainty and coping strategies are significant predictors of both positive and negative psychological outcomes in parents of children with cancer in Taiwan. Pediatric nurses can develop interventions based on the findings to help parents improving their psychological well-being.

Back to Top
WORK ENGAGEMENT AND NURSES IN TAIWAN: A PILOT STUDY

Presenting Author: Mei-Ling Wu Doctoral student
Address: 6901 Bertner Av. University of Texas Health Science Center at Houston, School of Nursing
Houston, TX 77030
USA
Ph: Fax:
Email: mei-ling.Wu@uth.tmc.edu
Institution: University of Texas Health Science Center at Houston

Author List:
Mei-Ling Wu
Mei-Ling Wu

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
The nursing shortage is not only a severe issue in North America, but is also a challenge in Taiwan hospitals. Work engagement not only appears to be central to the problem of workers’ lack of commitment and satisfaction, but also is the key factor to turnover intention. It seems that increasing employees’ engagement toward their work is more effective than preventing burnout to decrease the retention rate. However, only a limited amount of research has been conducted to explore work engagement in the nursing field.

The aim of the pilot study was twofold: 1) to explore the factors that contribute to nurses’ engagement in their work and the nursing profession in Taiwan; 2) to test the interview guide, data collection procedure, including accuracy and validity between Chinese to English translation. A descriptive exploratory design with an ethnographic approach, using interviews with three Taiwanese nurses conducted in Mandarin, was used in this study. Field notes and semi-structured interviews with tape recording, transcription and translation, were employed to collect data.

Results indicate that while the original intent was to sample only staff nurses, but data analysis from the pilot study suggest that nurse managers should be included to more fully explore work engagement. Also, gender does appear to affect the nature and process of engagement in clinical nursing and should be considered in the analysis. Other factors associated with hospital nurses’ engagement and disengagement can be divided into four dimensions: work environment, personal, social, and professional. While support, work competence and pleasant work climate contribute to engagement toward nursing work, heavy workload and lack of meaning are key factors which appear to hinder work engagement among hospital nurses in Taiwan. A revision of the interview guide to reflect the expanded sample and additional consideration for Taiwan culture is needed.
Family Members’ Quality of Care Expectations for Relatives Residing in Long-Term Care Facilities

Presenting Author: Michael Mistric RN, MNSc, FNP-C
Address: 3614 Montrose #800
Houston, Texas 77006
USA
Ph: Fax:
Email: michael.mistric@med.va.gov
Institution: University of Texas Medical Branch

Author List:
Michael Mistric
Michael Mistric

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:

Family Members’ Quality of Care Expectations for Relatives Residing in Long-Term Care Facilities

Michael Mistric, RN, MNSc, FNP-C

University of Texas Medical Branch
Graduate School of Biomedical Sciences
Nursing PhD Program

Family members commonly express dissatisfaction with the care their relatives receive while residing in long-term care (LTC) facilities. More research into the expectations family members have about what constitutes quality care and how it can be effectively delivered is needed to give voice and direction to regulators and service providers as they prepare to reform nursing home cultures and practices. To add family members’ expectations to knowledge about improving practices in LTC, a qualitative, descriptive pilot study was conducted to answer the question: What quality of care expectations do family members of residents living in long-term care facilities describe as important and necessary? Purposes of this IRB-approved pilot study also included testing the interview guide and sampling procedures. Rigor was measured using the trustworthiness criteria of dependability, confirmability, and credibility.

Interview data were collected from a purposive sample of four volunteer family members of individual residents living on a private LTC facility’s dementia care unit. Audiotaped interviews lasted 60 minutes. Demographic data were collected to describe the sample. Content analysis and constant comparison were used to identify, induct, and categorize emergent themes found in the transcribed interviews. While the sample is small and non-representative, preliminary findings reveal themes that cluster around family members’ expectations that physicians monitor [the resident’s] overall health and nurses pay attention to [the resident’s] personal needs. More in-depth studies using larger samples need to be conducted to learn more about family members’ expectations and discover aspects of the quality care not elicited in this pilot work.
Stress, Motivation, and Health: The Experiences of Women in a Walking Program

Presenting Author: Ginny Sherman BSN Student  
Address: 301 University Blvd.  
Galveston, TX 77555-1029  
USA  
Ph: Fax:  
Email: glsherma@utmb.edu  
Institution: University of Texas Medical Branch

Author List:  
Ginny Sherman  
Ginny Sherman

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:  
Purpose: The purpose of this study is to explore factors related to stress, health, and motivation in a walking program for women.  

Research Questions: The following qualitative questions have been posed for the participants:  
• What is weighing on your mind today?  
• How you feel (mind, body, spirit) after your walk today?  
• How would you describe your health today?  
• What did you like the most (least) about walking today?  
• What motivated you to walk today?  
• What might have prevented you from walking today?  

Significance: The significance of this study is to find methods and/or interventions that help women initiate and sustain lifestyle changes to address wellness and relaxation.  

Methods: The participants represent a community sample of 30 women in relative good health who were randomly assigned to walk a track or the labyrinth three days a week at a slow pace (< 2 miles/hour) in an eight-week walking program—four weeks in a facilitated group and four weeks in a self-managed walk. Walkers will respond to the all the questions at least once a week in a journal that will be submitted at the end of the study. The journal entries will be analyzed by analytic induction to identify common themes and categories.  

Findings: Preliminary findings revealed that some of the participants would likely continue in a walking program on their own and that they enjoyed taking time to care for themselves.  

Discussion: The testing and evaluation of a facilitated group walking program followed by a self-managed walk will provide valuable information for the development of a community intervention for self-care and health.
Factors Associated with Retention of Previously Incarcerated Women in a Community-Based Substance Abuse Treatment Program

Presenting Author: Susan Adams  
Address: 2817 White Oak Dr.  
Nashville, TN 37215  
U.S.  
Ph: Fax:  
Email: susie.adams@vanderbilt.edu  
Institution: Vanderbilt University

Author List:  
Susan Adams  
Susan Adams

Financial Discloser:  
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:  
Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:  
Purpose: To examine the relationship of drug-related behaviors, childhood trauma, parental bonding, social support, and current trauma-related symptoms with retention of previously incarcerated women with substance abuse problems in a community-based residential treatment program and determine the best predictive model for retention in substance abuse treatment for this sample of previously incarcerated women.

Method: Data for this study were collected between December 2005 and October 2006 from women entering a community-based substance abuse treatment program for previously incarcerated women. A volunteer sample (n = 100) completed the Addiction Severity Index, Childhood Trauma Questionnaire, Parental Bonding Instrument, Social Provisions Scale, and Trauma Symptom Inventory. Survival analysis will be used to examine each independent variable and length of stay (LOS) in treatment. The best predictive model for length of stay will be determined using the Cox proportional-hazards regression model.

Findings: Data analysis will be completed by late January 2007.

Discussion: Previously incarcerated women with substance abuse problems are at high risk for relapse and recidivism with 50-85% relapsing and/or returning to prison within one year of release. Substance abuse programs originally designed for men have been less effective in the treatment of women. Women have been identified as using drugs more frequently, using harder drugs, and using them for different reasons than men. Women report alcohol and drug use related to childhood home environments where drug use was present, early childhood experiences of physical and sexual abuse, drug use to blunt traumatic experiences or cope with daily stressors, revictimization in adolescence or adulthood, and co-morbid mental and physical health problems. By recognizing factors associated with retention, women at risk for leaving treatment prematurely may be identified and receive early intervention to decrease attrition from substance abuse treatment programs.

Funding: This study was supported by Sigma Theta Tau Awards from the University of Kentucky and Vanderbilt University.
The Concept of Yearning to be Recognized: Development and Implications for Women with Migraine Headache

Presenting Author: Anthony Ray Ramsey
Address: 107 Kirkwood Drive
Radford, Virginia 24141
USA
Ph: Fax: 540-831-7716
Email: arramsey@radford.edu
Institution: West Virginia University

Author List:
Anthony Ramsey

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: Appalachian women seeking pain relief for migraine headache from local emergency rooms have difficulty receiving adequate treatment. The purpose of this poster presentation is to clarify the meaning of yearning to be recognized as a concept with practice and research implications.
Method: Concept development included: synthesis of the defining attributes, providing theoretical support in the literature, constructing a model showing relationships among the attributes, making a congruent link to a middle range theory, and empirical grounding for the defining attributes with a story from a woman who sought help in the emergency room for migraine headache.
Findings: Yearning to be recognized is defined as attending to the experience of suffering through telling the story to facilitate finding relief. Supporting concepts from the literature include: the voice of suffering, threat to integrity, attentive presence, help seeking, and release of pressure. The middle range theory of attentively embracing story defined as connecting with self in relationship to create ease, offers further theoretical support for the concept of yearning to be recognized. Themes in a story of a woman seeking help in the emergency room for migraine headache were: I get really scared and cry out in pain; they tell me to stop crying even though I am throwing up, so upset, and can’t stop crying; the nurses are quiet and won’t look me in the eye; after a long wait they give me something for my pain; and then when I return a couple of months later they say, “Oh it’s you again”. A model depicting relationships among the attributes and the middle range theory will be presented.
Discussion: Application of the concept to a practice situation and the design of a research study on the lived experience of Appalachian women convincing their caretakers that they need help will be presented.
THE ASSOCIATION BETWEEN SPIRITUALITY AND DEPRESSION AMONG LOW-INCOME, OLDER AFRICAN AMERICAN SURVIVORS

Presenting Author:  Karen Lee MSN, RN
Address: 1366 Vista Leaf Dr
Decatur, GA 30033
USA
Ph:  Fax:
Email: kjlee@emory.edu
Institution: Emory University

Author List:
Karen Lee
Karen Lee
Jill Hamilton

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Psych/ Mental Health

Abstract:
Purpose: Spirituality has been associated with depression. The purpose of this study is to explore the effect of spirituality on depression in low income, older African American cancer survivors

Method: A cross-sectional, descriptive correlation study examining 85 low-income and older African American male and female cancer survivors from the oncology outpatient at Grady Memorial Hospital, Atlanta, GA. Descriptive statistics, including Spearman’s nonparametric correlation coefficients, were used to assess associations between the variables. Respondents were asked questions related to their spirituality (i.e. “knowing that God is with me helps me not to worry,” “my faith in God helps me to accept whatever happens”) and questions from the Geriatric Depression Scale (GDS).

Findings: Respondents were a mean of 64 years. A majority of the participants were female (n = 63%) and 37% of the participants were male. Most of the survivors were unemployed with a retirement less than $10,000 in yearly income, and diagnosed within the past two years. The participants were official members of a Baptist church with high levels of spirituality demonstrated through daily prayer (93.1%). However, most participants were only able to attend church as infrequently as once a month or less (55.2%). Scores on the GDS indicated lower depression (n = 16%, a score of ≥ 5 indicative of depression) among the respondents with higher levels of spirituality. High levels of spirituality were negatively associated with depression scores (r = -0.244, p = 0.01).

Discussion: Spirituality is a frequently used coping strategy among older African Americans, yet its impact on depression is poorly understood within this specific population group. These initial results suggest that further work in this area is warranted and may also provide the basis for future population-specific interventions (Funded in part by P60 Georgia Cancer Center for Health Disparities MD#000525-01 and Georgia Cancer Coalition).
Abstract ID: 639

Informed Consent: "A Waste of Trees"

Presenting Author: Charlotte Karen Jeans MSN, PhD(c)
Address: 41 Willow Drive
Cabot, Arkansas 72023
USA
Ph: Fax: 501-257-1749
Email: kj2431@aol.com
Institution: University of Arkansas for Medical Sciences

Author List: Charlotte Jeans

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: Increased problems with multi-center industry-sponsored clinical trials have resulted in increased regulations to improve subject safety. The purpose of this pilot project is to explore the meaning of human safety from the research subject perspective. The research question addresses the problem: What is the meaning of safety to human subjects participating in research studies?

Methods: Using a qualitative descriptive design, in-depth interviews were conducted by the investigator with subjects (n=3) who had previously enrolled into Phase III clinical trials in Arkansas using a purposive, non-probability sample. Individual subjects were interviewed using open-ended questions that elicited information on perceptions of safety, research, and clinical trial experiences. Interviews were audiotaped, transcribed verbatim, checked against the audiotape, and entered into ETHNOGRAPH. After a brief, preliminary analysis using content analysis and constant comparison, systematic coding of the data was initiated after interview completion. Initial codes were reviewed by a content expert followed by manual coding of the transcribed interviews. Transcripts were analyzed and coded for thematic content.

Findings: All subjects vocalized feelings of safety with establishment of trust. Trust and distrust in the person obtaining consent played a considerable role in the decision to participate in a clinical research study. Subjects’ beliefs towards the written informed consent document were described as mechanisms to protect the healthcare institution and study team members. Subjects described informed consent documents as incomprehensible with no associations verbalized between the informed consent document and mechanisms for ethical protection, with statements such as “I burned it with the leaves.”

Discussion: Subjects’ beliefs about safety in clinical trials are vastly different than the beliefs of investigators and regulators. It is critical to fill this gap in perception regarding clinical research with continued exploration of subjects’ perception in clinical research with emphasis on the informed consent process.

Back to Top
End-of-Life Experiences of Parents, Nurses and Physicians in the NICU

Presenting Author: Elizabeth Gingell Epstein MS, RN
Address: 1855 Keiser Ridge Rd
Charlottesville, VA 22911
USA
Ph: Fax:
Email: meg4u@virginia.edu
Institution: University of Virginia

Author List:
Elizabeth Epstein
Elizabeth Epstein

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Ethics

Abstract:
Purpose: Infant death in the Newborn Intensive Care Unit (NICU) is an experience that becomes permanently embedded within the lives of parents. However, little is known about the impact upon healthcare providers. The purpose of this study was to gain a richer understanding of the end-of-life (EOL) moment in the NICU through analysis of the lived experiences of parents, nurses and physicians.

Methods: A hermeneutic phenomenology approach was used which allowed for a rich description and evaluation of the phenomenon. Data from interviews, demographic questionnaires and medical records were collected. Healthcare providers were interviewed shortly after the death. Parents were contacted 6-9 weeks after the death. All interviews were conducted according to our Human Investigation Committee approved protocol and after obtaining informed consent. Trustworthiness was established through triangulation of data and use of an independent coder. The data were sorted by participant type so that nurse, physician and parent data were analyzed separately. Additionally, the data were sorted by infant so that the experiences of the nurses, physicians and parents for each infant could be analyzed together.

Results: Twenty-one infants died during the study period (January through August, 2006). Nineteen nurses, 19 physicians and 8 parents were interviewed. Emerging themes include ethical and practical dimensions. Ethical dimensions include moral distress among healthcare providers, particularly regarding prolonged aggressive treatment. Moral obligations, such as the creation of positive memories for parents and exploring options for treatment withdrawal have also emerged. Practical dimensions include communication among healthcare providers and between healthcare providers and parents, parental satisfaction with EOL care, continuity of care and, for healthcare providers, the difficulties of dealing with repeated deaths.

Discussion: Overall, parents in this study were highly satisfied with EOL care. Prolonged aggressive treatment and communication barriers appear to be troublesome for healthcare providers.
A Qualitative Pilot Study of Transcendence and Transpersonal Caring Experiences in Nursing Practice

Presenting Author: Mini Manthuruthil Jose MSN
Address: 1714 Emerald Lake Ct
Houston, Texas TX- 77062
USA
Ph: Fax:
Email: minidominic@yahoo.com
Institution: UTMB

Author List:
Mini Jose
Mini Jose

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Transcendence and its relevance to transpersonal caring are intriguing themes found in nursing theory but often found to perplex practicing nurses. In today’s highly technological and mechanical environments of acute care settings, transpersonal caring goes unnoticed. Identifying and bridging the gap between nursing theory and nursing practice is important in preserving the uniqueness of nursing as a caring profession. The goal of this study was to determine the feasibility of exploring meanings and experiences of transcendence, transpersonal caring, and healing among practicing nurses.

Using a semi-structured interview guide, narratives of three RN participants were collected and later analyzed for themes that provided preliminary responses to the research questions: (1) How do nurses describe the meanings and experiences of transcendence and transpersonal caring in nursing practice?, and (2) How do nurses describe the benefits of and barriers to transpersonal caring? The mean age of participants was 43 years. All were female and had an average of 15 years of nursing experience.

Thematic analysis using open coding and data unitization revealed the following groupings of like meanings about transpersonal caring. It involves individualizing care to each patient, connecting to the patient as a person, relating to the patient on a personal level, identifying commonalities between nurse and patient, and continuity of care and familiarity. Although these preliminary themes reveal some of the elements described in theories of transcendence in therapeutic relationships, nurse-patient interactions described by nurses in this feasibility study did not fit with theoretically described transcendent experiences. Themes that revealed the small sample’s perspectives about the benefits of transpersonal caring were: understanding the patient, enhanced communication, improved patient education, increased patient satisfaction, and increased nurse satisfaction. Barriers to transpersonal caring identified by the study group were: increased workload, increased nurse-patient ratio, high level of patient acuity, and quick turnover in hospitals.
THE PREVALENCE OF IMPAIRED GLUCOSE METABOLISM (IGM) IN HISPANICS WITH TWO OR MORE RISK FACTORS FOR METABOLIC SYNDROME (MS) IN A PRIMARY CARE SETTING

Presenting Author: Claudia Patricia Neira MSN FNP
Address: 920 Madison AV
Memphis, TN 38103
USA
Ph: Fax: 901-4481762
Email: cneira@utmem.edu
Institution: University of Tennessee

Author List:
Claudia Neira
Claudia Neira
Margaret Hartig
Pedro Velasquez

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
THE PREVALENCE OF IMPAIRED GLUCOSE METABOLISM (IGM) IN HISPANICS WITH TWO OR MORE RISK FACTORS FOR METABOLIC SYNDROME (MS) IN A PRIMARY CARE SETTING

Claudia Neira, MSN, FNP; Margaret Hartig, PhD, APRN; Pedro Velasquez, MD; Patricia Cowan, PhD, RN
University of Tennessee, Memphis, USA

The prevalence of (MS) and type 2 diabetes (T2DM) is high among Hispanics and individuals with these conditions are at significantly increased risk for the development of cardiovascular disease (CVD). Methods: In this observational prospective study we examined the prevalence of IGM including impaired fasting glucose (IFG), impaired glucose tolerance (IGT) and T2DM according to the ADA 2004 criteria in 56 Hispanic subjects (age 33.6±1.8y, 60% female, BMI=35±3.2 Kg/m2) who had 2 or more MS risk factors based on WHO criteria. Subjects underwent a physical examination and a 2-hour 75-gm oral glucose tolerance test. Data was analyzed using SAS v9.1 with p<0.05 considered significant. Nonparametric test were applied including Wilcoxon Rank and Spearman Correlation Coefficient. Stepwise multi-regression was used to predict IGM. Results: Twenty five patients (46%) had IGM (18% IFG, 15% IGT and 13% T2DM). Normal fasting glucose was found in 48% of subjects who had IGM. Lipid abnormalities were present in 98% including elevated triglycerides (66%), total cholesterol (48%), LDL(68.8%) and low HDL (67.9%). 29% had BMI > 25 Kg/m2, 62% BMI > 30 Kg/m2. HTN (24%) and elevated high sensitive CRP (63%), mean number of cardiovascular risk factors (# CVRF) was 4.5. Mean values for each risk factor were no different between groups except for #CVRF (p <0.001) and TG (p<0.001). Total #CVRF was the best predictor of IGM. Conclusions: The prevalence of IGM is extremely high in Hispanics with MS. Screening with FBG underestimates the prevalence of IGM in this population. In subjects with multiple CVRF early screening is warranted.

Back to Top
Abstract ID: 650

Unintended pregnancy in Black women: A mixed methods study to inform family planning education and clinical practice

Presenting Author: Shalette Woods
Address: 20201 Rose Garden Ln
Durham, NC 27707
USA
Ph: Fax:
Email: swoods6@mail.nccu.edu
Institution: North Carolina Central University

Author List:
Shalette Woods
Cheryl Woods Giscombe

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- NIH/NINR
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose/Significance: In the U.S., approximately 49% of pregnancies are unintended. An unintended pregnancy (UIP) increases risk for delayed prenatal care, adverse birth outcomes, family conflict, and child abuse/neglect. While the rate of UIP is declining among adolescents, the same cannot be said for UIP in adult women. Over the last decade, the rate of UIP among adults has remained the same and increased in women aged 25-34. In order to develop effective interventions to decrease risks associated with UIP in adult women, researchers must examine the characteristics of those most affected. The current study focused on this issue and targeted Black women, because this group is at elevated risk for UIP and its potentially adverse outcomes.

Methods: The first author of this project is an undergraduate fellow in the Research Enrichment and Apprenticeship Program (REAP), which seeks to increase the number of ethnic minority researchers in nursing by introducing students to data collection, analysis, interpretation, and dissemination. A secondary data analysis was conducted to examine the characteristics of 13 Black women who experienced UIP in the past year. Several demographic and psychosocial variables were examined to determine their relationship to unintended pregnancy. In addition, qualitative interviews will be conducted with women who have experienced UIP and health professionals who work with this population.

Preliminary Results: In this project, the undergraduate fellow gained skills in the IRB process, reviewing scientific literature, using SPSS, and qualitative methods. Findings from this project reveal that Black women with UIP are not homogenous, but diverse in terms of age, educational and marital status, and income.

Discussion: When designing interventions, researchers should consider the socioeconomic diversity of Black women with UIP. This project has provided a valuable introduction to research for the REAP fellow who has career interests in public health interventions to enhance women’s health.
Purpose: Little is known about how children with autism experience pain. Some healthcare providers question whether they are even capable of feeling pain. Unfounded assumptions often contribute to the underassessment and under-treatment of pain in this population. The purpose of this study was to explore beliefs held by those who presumably know these children best, their parents, regarding the pain experience in children with autism spectrum disorder (ASD).

Method: A three-question survey was developed and distributed to 400 parents of children with ASD. In collaboration with experts, data were complied and examined for themes.

Findings: Eighty-eight surveys were completed and returned. Eighty-six percent of parents who responded (n=76) reported that their children react to pain differently than typically developing children. Descriptive data is presented, and highlights how these children react differently. Sixty-two (70%) parents reported they find it difficult to determine when their child is in pain. Those parents who can determine when their child is in pain, have difficulty determining where, or how severely. Some parents learned to interpret their child’s pain signals, and provided examples of behaviors they identified. Finally, forty parents did NOT feel that healthcare providers could assess their child’s pain well.

Discussion: This pilot study provides preliminary insight into understanding pain and autism. Parents too, have a difficult time appreciating the complex pain experience in their children. Many parents of children with autism learned to watch for non-typical pain behaviors, and believe their children are completely capable of “feeling pain.” Clinicians might utilize parental reports to ensure that they adequately assess and treat pain in this population. Additional exploration of beliefs held by other groups of professionals (educators, therapists) is needed. Research needs to clarify further circulating assumptions, and ensure that clinicians thoroughly understand how social and communication impairments influence pain expression in this population.
NEEDS OF PARENTS WHOSE CHILDREN HAVE RENAL FAILURE COMPARED WITH THOSE WHOSE CHILDREN HAVE CANCER: EXPLORATORY DESCRIPTIVE ANALYSIS

Presenting Author: Esperanza I Santana UFNS4
Address: 2930 SW 23rd Terrace Apt 1103
Gainesville, FL 32608
USA
Ph: Fax: (352) 273-6568
Email: espy@ufl.edu
Institution: University of Florida

Author List:
Esperanza Santana
Andrea Wrassmann
Veronica Feeg

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Introduction: Children with renal failure experience their childhood with complex clinical demands that challenge their family caregivers to cope with hospitalizations, treatments and ongoing chronicity. It is important for nurses to understand parents’ needs as caregivers to design appropriate interventions for the child and family and differentiate the needs of parents of children with kidney failure from other chronic illnesses such as cancer.

Purpose: This study explores the needs of parents whose children have ESRD compared to children with cancer. It refines an instrument with examination of the psychometric properties and further differentiates characteristics of parents’ needs including differences between mothers and fathers, their perception of the importance of these needs, and how satisfied they are that their needs have been met.

Research Questions: What are the most important needs of parents who have children with ESRD and how are these needs related to conditions or characteristics of the child’s illness? Are they similar or different from children with cancer?
Methods: A convenience sample of parents of 46 children who are patients in a nephrology specialty clinic were recruited at their clinic visit or mailed a survey questionnaire. Parents (n=30) returned questionnaires and the charts of their 19 children (41% return) were reviewed. The Family Caregivers’ Needs instrument was revised from a questionnaire previously used with parents of children with cancer (n=74) that will serve as the comparison group for additional psychometric analyses. Needs data from one focus case child before and after transplant are further explored.

Findings: Chart reviews of ESRD sample include: comorbidities (20%), transplant rejections (21%), transplant infections (57%), PD peritonitis (33%). Parents’ needs include: (a) negotiating with health care professionals; (b) obtaining information; and (c) facilitating growth and development. Further analyses between ESRD and cancer children's parents will be done as well as relationships among chart data and parents’ needs.
Acute Care Nurse Practitioners Barriers to research

Presenting Author: Steven Branham MSN Doctoral Student TWU
Address: 4429 Briaribend Drive
Houston, Texas 77035
USA
Ph: Fax: 713 729 9853
Email: cpainc@earthlink.net
Institution: Texas Woman's University

Author List:
Steven Branham

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
-Grants/Research Support: Texas Woman's University
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
The purpose of this study was to collect descriptive data on the barriers and facilitators to utilizing research in advanced nursing practice, specifically the practice of acute care nurse practitioners (ACNPs). The BARRIERS Research Utilization Scale (Funk et al., 1991) was used to assess four factors that have been identified as barriers to research utilization: 1) the ACNP’s research values, skills and awareness, 2) the employer’s setting, barriers, and limitations, 3) qualities of the research, and 4) presentation and accessibility of the research.

Research Question
What are the barriers to participation and utilization of research by ACNPs?

Significance
The ACNP specialty has existed for approximately 10 years. There is a lack of evidence regarding the use of research by ACNPs.

Methods
A cross sectional descriptive design was used to collect data from ACNPs attending the American Academy of Nurse Practitioners 2006 conference. The BARRIERS Research Utilization Scale and a demographic data form were distributed to ACNPs as they entered the conference registration area. Return envelopes were provided for the anonymous survey. From the 205 ACNPs who were registered for the conference, 100 surveys were returned for a 49% return rate.

Findings
At this time, data analysis is not complete. Preliminary findings indicate that the ACNP values research for practice and is aware of the benefits of research. The barriers to utilization of research are more related to the characteristics of the organization such as lack of time and support to implement research. Most of the ACNPs were certified (98%) white (86%) females (88%) with a mean age of 44.2 years (SD=9.3) and had been practicing nursing for 18.6 years (SD=9.3) and practicing as an ACNP for 5.6 years (SD=4.5). Almost all of the ACNPs (97%) were employed as an ACNP and the majority worked in a hospital (61%).
Abstract ID: 663

Aligning Mindfulness and Therapeutic Community Concepts to Create a Meaningful Intervention for Substance Abuse

Presenting Author: Susan Marie Bankston BSN, BS, RN
Address: 6901 Bertner #733
Houston, Texas 77030
United States
Ph: Fax: 713-523-2360
Email: susan.m.bankston@uth.tmc.edu
Institution: Univ of Tx Houston School of Nursing

Author List:
Susan Bankston
Susan Bankston

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- The National Institute of Drug Abuse

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: The purpose of this study was to tailor Mindfulness-based Stress Reduction (MBSR) to therapeutic community (TC) treatment for substance abuse recovery.

Research question: How can a mindfulness-based meditation intervention be integrated into therapeutic community treatment for substance abuse?

Significance: Therapeutic communities provide a highly structured program of behavior modification for substance use disorders. Successful outcomes are associated with time in treatment but the drop-out rate for TCs is high. This study is part of a large behavioral therapies trial to determine the effect of MBSR on stress, impulsivity and drop-out rate in this restrictive environment. The first stage of the study required that MBSR and TC concepts be aligned to tailor a meaningful intervention for substance abuse.

Methods: An experienced TC researcher, a certified MBSR instructor, and a behavioral science researcher identified common themes between the therapeutic community and MBSR curricula. These common themes guided the development of a manual for delivery of MBSR in the therapeutic community setting. The manual provides a standardized series of MBSR class sessions tailored to fit the TC environment. Experienced MBSR teachers, trained in TC principles, are teaching the tailored MBSR to TC clients in the early phase of the program.

Findings: MBSR was successfully integrated into the early phase of TC treatment. The tailored intervention is accepted by clients and staff as being congruent with the aims of a standard TC program. Some of the lessons learned during this process include the value of ongoing manual development and the importance of being faithful to participants’ needs.

Discussion: Integration of MBSR, without compromising TC treatment, may improve outcomes for people recovering from substance abuse. Tailoring an intervention is a value-based process which begins at a conceptual level and is refined through real-world experience with a target population.
Metaphors of Sugar: Culturally-Tailored Nutrition Education for Diabetes Self-Management among Rural African Americans

Presenting Author: Gina Kay Alexander
Address: 705 12th St. NW
Charlottesville, VA 22903
USA
Ph: Fax:
Email: gka8c@virginia.edu
Institution: University of Virginia School of Nursing

Author List:
Gina Alexander
Gina Alexander

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: -The University of Virginia School of Nursing Rural Health Care Research Center (NIH P20 NR009009)

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose
The burden of diabetes and diabetes-related complications falls disproportionately upon rural African Americans. Inadequate access to health care resources, including diabetes education, contributes to this disparity. The purpose of this study was to examine the effects of a culturally-tailored pilot intervention on the dietary self-management of rural African Americans with type 2 diabetes mellitus, in the context of a larger study testing the feasibility of the intervention. The hypothesis was that participants in the intervention group would have a significantly greater change than usual care participants in dietary self-care, a subscale of the Summary of Diabetes Self-Care Activities instrument.

Methods
The pilot study sample consisted of twenty-one African American adults from a rural Virginia community who were randomly assigned either to the intervention group or the usual care group. Both groups participated in individual goal setting with a certified diabetes educator and received culturally-specific self-management materials depicting African Americans. Additional cultural tailoring for the intervention group included interactive storytelling and activities such as label-reading of preferred foods and hands-on demonstrations of favorite family foods, adapted to promote healthier eating.

Findings
Data analyses revealed that the intervention and usual care groups were similar at baseline. Independent t-tests of change scores in dietary self-care revealed a trend toward greater changes in the intervention group than the usual care participants in carbohydrate spacing. Group mean differences were clinically important, although limited by the small sample size and associated low statistical power.

Discussion
The results of this study provide preliminary evidence that a culturally-tailored diabetes self-management group intervention may be more effective than usual care in promoting positive dietary changes. Limitations of this study include small sample size, testing participants in only one rural community, and a short follow-up period. A larger test of the intervention is being planned in several rural communities.
The Effect of Hysterectomy on the Quality of Life in Caucasian and Hispanic Women

Presenting Author: Pamela Stetina MN; PhD in December
Address: 430 Poenisch Dr.
Corpus Christi, TX 78412
USA
Ph: Fax:
Email: pamelastetina@yahoo.com
Institution:

Author List:
Pamela Stetina
Pamela Stetina

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Significance and Purpose:
Hysterectomy is a surgical procedure affecting women’s lives. Previously conducted studies did not focus on differences in ethnic groups, specifically in Hispanic women. This study compared the effect of medically advised hysterectomy on the quality of life (QOL) in Caucasian and Hispanic women in South Texas when measured at 12 and 20 weeks after hysterectomy.

Hypotheses:
Hypotheses were generated based on the World Health Organization Quality of Life abbreviated instrument (WHOQOL–BREF) profile measures. It was hypothesized there would be no significant differences in the overall quality of life question, the general health question, the physical health domain, the psychological domain, the social relationships domain, or the environment domain in Caucasian and Hispanic women in South Texas following medically advised hysterectomy when measured at 12 and 20 weeks. An additional research question was developed to evaluate correlations between summative scores for the four WHOQOL domains and the quality of life question.

Methods:
Data were collected from a consecutive sample of 26 Caucasian and 28 Hispanic women in and around South Texas utilizing the WHOQOL–BREF and a demographic questionnaire.

Findings:
Data analysis revealed the two ethnic groups were generally homogenous. Repeated measures ANOVA revealed no statistically significant differences between ethnic groups for any of the domains or the QOL and general health questions on the WHOQOL–BREF. There were also no statistically significant differences from 12 to 20 weeks following hysterectomy excepting the social relationships domain, where mean scores for both groups significantly increased from 12 to 20 weeks. A summative score of the WHOQOL-BREF was significantly associated with the QOL.

Discussion:
Recommendations included educating nurses regarding the lack of significance between ethnicities in this sample and informing women they can expect improvements in the social relationships domain over time. Several opportunities for future research existed.
Psychometric Properties of the John Henryism Scale in Rural Adolescents

Presenting Author: Evelyn M Parrish PhD Student
Address: 828 Meadowbrook DR
Lexington, KY 40503
USA
Ph: Fax:
Email: e426@insightbb.com
Institution: University of Kentucky

Author List:
Evelyn Parrish
Evelyn Parrish

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Purpose: The purpose of this study was to evaluate the psychometric properties of the John Henryism Scale (JH scale). The JH scale is a commonly used measure of active coping. It has limited use in adolescent populations. Active coping is defined as one’s ability to overcome difficulties in life.

Methods: A secondary analysis of data collected from a sample of 320 volunteer high school students in Kentucky and Iowa was conducted. Students enrolled in agricultural education classes in five schools were represented. The purpose of the larger study was to determine the prevalence and predictors of depressive symptoms in rural adolescents. The specific aims of this study were to: 1) Evaluate the internal consistency of the JH subscales; 2) Examine the factor structure of the JH scale; and 3) Assess the construct validity of the JH scale.

Findings: This study confirmed the psychometric properties of the JH scale. The reliability and validity of the instrument were verified. Good internal consistency of the instrument was established. The construct validity was supported by significant correlations between active coping and depressive symptoms, active coping and family closeness, and depressive symptoms and family closeness.

Discussion: The findings indicate the JH scale is an effective measure of active coping in rural adolescents. In addition, early intervention of teaching active versus passive coping skills is paramount in the prevention of the development of depression in the future.
DIABETES PEER SUPPORT

Presenting Author: Jennifer A Veshnesky Doctoral Student
Address: 31 Hickroy Hills Dr
Morgantown, WV 26508
USA
Ph: Fax:
Email: jveshnesky@hsc.wvu.edu
Institution: West Virginia University

Author List: Jennifer Veshnesky

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose: The type two diabetes epidemic is projected to reach 333 million persons worldwide by 2025. Thus, many more patients will develop complications such as blindness, chronic kidney disease, lower-limb amputations, peripheral neuropathy and decreased quality of life. Peer support is a form of social support defined as lay assistance from individuals who possess experiential knowledge and similar characteristics. It is a viable and potentially sustainable intervention during transitional life events such as diagnosis or management of chronic illness. This review focuses on synthesizing the current knowledge about diabetes peer support.
Method: Pubmed, Medline, and CINAHL were searched using the key words of diabetes, chronic illness, peer support, social support, support groups and adherence. Limits were set for articles published after the year 2000, English language, outpatients, and type 2 diabetes. Eight studies that pertain to peer support and improvement of clinical outcomes in diabetes were identified, reviewed, and synthesized.
Findings: While social support for diabetes patients has been studied, little can be found regarding the specific component peer support. Social support from peers and fellow patients may enhance psychological and biophysical outcomes of care. However, poor outcomes were only prevented in studies where patients had peer social support plus consultation with a physician or nurse case manager. There were no effects on diabetes control with participation of spouse, family, or friends in diabetes education groups.
Discussion: Very little research has examined incorporating well-managed diabetes patients into the education of newly diagnosed or poorly managed diabetes patients. The small amount of research produced about peer support has used varying measures and differing effects. Well-designed intervention studies of diabetes peer support are warranted to fill the gap in knowledge.
Abstract ID: 687

The Effects of Different CPR Training upon the Adequacy of Chest Compressions

Presenting Author:  Mary Ann Cazzell RN BSN
Address: 2412 Branch Oaks Lane
Flower Mound, TX 75028
USA
Ph: Fax:
Email: mcazzell@uta.edu
Institution: University of Texas at Arlington

Author List:
Mary Cazzell
Mary Cazzell

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Laerdal Medical Corporation
- American Heart Association
+Miscellaneous non-income support:
- Laerdal Medical Corporation
- American Heart Association

FDA Disclosure:  Cleared: Yes

Abstract Subject:  Community/Public Health

Abstract:  Because neurologically intact survival is of utmost priority following cardiopulmonary resuscitation (CPR), all rescuers must provide an adequate number and depth of chest compressions with minimal interruption. In an effort to maximize coronary and cerebral perfusion, the 2005 American Heart Association (AHA) Guidelines for CPR simplified compression: ventilation ratios across the lifespan to 30:2. Because research has shown that laypersons enrolled in traditional 4-hour CPR classes are failing to master skills or retain content, it is imperative that more effective CPR training techniques are available. In a 2004 Portland, Oregon CPR research study, 22-minute video self-instruction (VSI) and facilitated VSI methods, tested on older adults (40-70 years old), showed that these methods promoted CPR skill efficacy when compared with traditional 4-hour CPR training. Our just-completed research study, inclusive of laypersons over the age of 18 years, asked: Are adequate depth and rate of chest compressions better achieved by laypersons when the skills are learned through VSI (n = 84), facilitated VSI (n = 45), or traditional instructor-led classes (n = 72). Each participant of VSI received the AHA CPR Anytime for Family and Friends kit. All learning occurred in a controlled environment, with both learning and skill performances videotaped. CPR performance was evaluated by an observer using the AHA skills checklist and by sensorized manikins equipped with Laerdal Heartsaver computer software. We hypothesized that performances in VSI and facilitated VSI modes would be as good as performances in traditional class mode. Data analyses are underway and will be completed by the end of December. Should our hypothesis be supported, layperson training in CPR will be easier, more available, and take less time. More importantly, having more persons trained in CPR will mean improved survival rates for those experiencing cardiac emergencies.
**The Impact of Nurses' Ages on perceived Job Satisfaction**

**Presenting Author:** Amy M Sparks Doctoral Student  
Address: 276 Breakiron Hill Road  
Morgantown, WV 26508  
USA  
Ph: Fax:  
Email: asparks@hsc.wvu.edu  
Institution: West Virginia University

**Author List:**  
Amy Sparks

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

**FDA Disclosure:** Cleared: Yes

**Abstract Subject:** Administration

**Abstract:**  
The Impact of Nurses' Ages on Perceived Job Satisfaction  
Amy M. Sparks RN, MSN, CFNP  
Doctoral Student  
West Virginia University School of Nursing  
Morgantown, WV

Background/Purpose: Generations differ in work styles such as autonomy, work ethics, involvement, views on leadership, and primary views on what constitutes innovation, quality, and service. Understanding nurses' generational differences would provide nurse administrators with valuable information when developing work environments that effectively enhance optimal patient outcomes. A synthesis of current research on nurses’ generational or age differences on job satisfaction is presented.

Methods: A systematic search was conducted using the following databases: CINAHL, Pub Med, and Psych INFO. The inclusion criteria were publication date (2000 or later), written in English, registered nurses, primary or secondary research, nurse satisfaction or retention focus, and researcher reported age as a research variable. Ten articles met the criteria and were included in this literature review and synthesis.

Findings: Although no studies evaluated nurses' age with consideration of potential generational differences, one article evaluated the nurses' developmental stages and found that the relationship between age and developmental stage differed with regard to job satisfaction. The difference associated with the nurse's age may be independent of professional characteristics such as experience; however, there is contradictory evidence that links experience as well as age to job satisfaction. The most consistent finding was older nurses' have greater organizational commitment. The varied results from these studies indicate that age may influence nurses' work perceptions; however, researchers have yet to clearly understand the associations of that link.

Discussion: Although previous work has highlighted generational differences when perceiving the work environment, this has not been considered by researchers when examining nurse job satisfaction and patient care outcomes. Further research needs to focus on how nurses' generational differences may impact the health care delivery systems.
Children’s Quality of Life after Heart Transplant: Parent and Child Views

Presenting Author: Angela Green MSN
Address: 14319 St. Michael Drive
Little Rock, AR 72211
USA
Ph: Fax: 501-364-1139
Email: greenangelal@uams.edu
Institution: University of Arkansas For Medical Sciences

Author List:
Angela Green
Angela Green

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- National Institute of Nursing Research
- Society of Pediatric Nurses
- Gamma Xi Chapter of Sigma Theta Tau International
+Miscellaneous non-income support:
- Nurses Educational Funds, Inc.

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: The purpose of this ongoing study is to describe the quality of life (QOL) of school-aged heart transplant recipients. Despite the morbidity associated with heart transplantation, few published studies describe transplanted children’s QOL. Therefore, the aims of this study are to: 1) describe the child’s and parent’s perceptions of the child’s QOL, including key factors that impact QOL and 2) compare parent-child perceptions.

Methods: Semi-structured qualitative interviews permitted examination of QOL from the subjective perspective of participants. The investigator used purposive sampling to recruit parent-child dyads from a heart transplant clinic in the southern U.S. Children were 6-12 years of age and at least 1 year post most recent transplant procedure. Parents and children were interviewed separately using parallel interview guides. Interviews were audio recorded and transcribed verbatim. Interview transcripts were entered into Ethnograph. Data were analyzed using constant comparison.

Findings: Preliminary findings based upon the first 5 dyads indicate that the QOL of heart transplant recipients is good. The children used words such as “fun” and “amazing” to describe their lives and identified “seeing my friends” and having opportunities for play as key to their QOL. Parents most often described their children’s QOL as “good” or “like a normal child”. The parents identified “keeping my child healthy” and “letting him be normal” as key to their child’s QOL. Though the parents identified health as key to the child’s QOL, the children did not spontaneously relate their health or medical regimen to their QOL. However, when asked directly about negative aspects of the medical regimen, 60% of children identified blood draws in clinic as very negative.

Discussion: Preliminary findings suggest that the QOL of heart transplant recipients is comparable to that of children who have not undergone transplantation. However, interviews will continue until saturation is achieved.

Back to Top
Hypertension and Pre-menopausal Hispanic Women

Presenting Author: Marygrace Hernandez-Leveille
Address: 625 Meadow Crest Dr
Highland Village, Tx 75077
US
Ph: Fax:
Email: mgleveille@verizon.net
Institution:

Author List: Marygrace Hernandez-Leveille

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Context: Heart disease and stroke are the number one killer of women over age 25, claiming the lives of nearly half a million women each year. Twenty seven percent of Mexican American women more than 20 years of age have cardiovascular disease (CVD). CVD is responsible for 33% of deaths in Hispanic females. Although CVD risk and death are more common in Hispanic than Caucasian women, a significant knowledge gap exists about the awareness, prevalence and evidence-based treatment for this vulnerable population.

Aim: This pilot study assessed the prevalence of hypertension (HTN) in pre-menopausal Hispanic women (PMHW) attending a Hispanic Wellness Fair in Fort Worth Texas.

Methods: A total of 56 PMHW, 25-45 years of age, had their blood pressure measured and completed a 6 item survey about their family history for HTN, hypercholesterolemia, CVD, and diabetes. They also reported their height and weight.

Results: Based on the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure guidelines, 32% of the PMHW women were normotensive; 46% were pre-hypertensive; 12.5% were Stage I; and, 5% were Stage 2. Body mass index (BMI) indicated that 41% were overweight, 35% were obese and 5% were extremely obese. A positive family history was reported by 59% for HTN, and 38% each for hypercholesterolemia and diabetes. Only 13% reported using antihypertensive therapy and all 13% had BMI’s indicating obesity.

Conclusions: Most of these PMHW were at risk for CVD. They had HTN, tended to be overweight, and had positive family histories.

Implications: Additional studies are needed among PMHW to evaluate the prevalence of CVD risk factors and to assess their knowledge of risk factors for CVD. Educational interventions about risk factors for CVD may result in more Hispanic women seeking therapy for HTN and obesity.
Are Perioperative Employees Receptive to Online Learning?

Presenting Author: Veronikia Lee RN, MSN, MBA, CNOR
Address: 3003 Broadway Street Apt 11
Houston, TX 77017
USA
Ph: Fax:
Email: Veronikia_Lee@hchd.tmc.edu
Institution: Ben Taub General Hospital

Author List:
Veronikia Lee

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Statement of Purpose: To determine if perioperative employees are receptive to online learning.

Research Questions: 1) What is the relationship between sociodemographic attributes and computer competence? 2) Does self-efficacy influence personal learning style? 3) What is the association between learning characteristics and receptiveness to online learning?

Significance: The perioperative environment is technologically advanced and tends to be consistently busy, providing little time for formal classroom instruction. Online learning is more cost-effective by reducing time away from work, allowing staff members to focus on patient care activities. The nursing shortage has also contributed to a reduction in the number of perioperative nurses. Online learning programs can be utilized to allay these discrepancies in the perioperative arena.

Methods: Descriptive, correlational design; Convenience sample; Setting: operating room within an acute care teaching facility; N=19; Instruments: Sociodemographic Data Form, Perioperative Learning Needs Assessment, Learning Characteristics of Distance Learners, Paragon Learning Style Inventory, Online Technologies Self-Efficacy Scale, Computer Skills Assessment. All instruments had well-established validity and reliability.

Findings: Primary perioperative learning needs consisted of instrumentation, patient safety, implants, and patient positioning. An overwhelming 89.5% (n = 17) of the respondents were suited for online learning. Approximately 47% (n =9) of the participants revealed introverted, sensing, thinking, and judging personalities, indicating that these learners had the capacity to succeed at online learning. Only 47.4% (n =9) of the respondents were confident with online learning activities, while 84.2% (n = 16) indicated having adequate computer skills for online courses.

Discussion: Imbuing perioperative employees with online learning opportunities potentially increases autonomy through the utilization of self-efficacious behaviors. The findings from this research can also be used to facilitate access to information in order to increase knowledge, competency and exploration of evidence-based practices. The ultimate objective is to enhance quality of care and foster excellent patient outcomes.
Promoting Peaceful Death

Waraporn Kongsuwan, PhD Student
Christine E. Lynn College of Nursing, Florida Atlantic University

Significance: Helping patients to achieve their needs or a good quality end of life is an important part of a nurses’ role. Thailand is a land of Buddhists. Peaceful death is a common wish of dying patients. The concept of promoting peaceful death is explored in order to enhance understanding of the process of promoting a peaceful death for people who are Buddhists and thereby contribute to the body of nursing knowledge.

Method: Literature about promoting peaceful death was reviewed and explored using the lens of Buddhism and the Theory of Peaceful End of Life of Ruland & Moore (1998). Story theory (Smith & Liehr, 2005) was used to guide exploration of this concept from the real experience of a Thai nurse.

Finding: Promoting peaceful death is nurse-patient-family interaction to create shared comfort in the atmosphere of non-attachment. Comfort includes physical, psychosocial, spiritual, and environmental comfort. The atmosphere of non-attachment is the feeling that one is without binding connections in order to have a peaceful mind and be ready to die (for the patient) and let patient die (for family and nurse).

Discussion: Nurses can use the process of promoting peaceful death as a practical guideline when working with Buddhist patients and promoting peaceful death can apply to other patient groups. This concept should be integrated to nursing curricula. Research is essential to expand knowledge of the concept. Promoting peaceful death varies from one culture to another culture warrant future research to identify commonalities and distinctions across cultures.
Use of the Internet in Staff Development and its Application in Helping Critical Care Nurses to Lower Family Stress

Presenting Author: Sandra J. Knapp M.S.N.
Address: 4839 Gopher Circle
Middleburg, FL 32068
United States
Ph: Fax:
Email: lohnar@bellsouth.net
Institution: University of Central Florida

Author List:
Sandra Knapp
Sandra Knapp

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Key Words: Internet, Staff Development, Education, Nurse, Families, Critical Care

Purpose: The purpose of this paper is to determine the effectiveness of using the Internet in staff development and the feasibility of using the it to fill needs of critical care nurses in relation to assisting families to lower stress.
Method: A search for relevant literature was conducted using CINAHL, PubMed, Academic Search Premier, and a cross-check of reference lists. Articles were selected for review based on inclusion/exclusion criteria. Reviewed articles were then evaluated to determine the effectiveness of Internet use in staff development and the application to education of critical care nursing staff on assisting families in lowering stress.
Findings: Preliminary results indicated a Web-based intranet system developed to educate neurosurgical nurses is effective. Mixed results were obtained from the use of a newly developed Web-based educational program on the methodology and use of the APACHE III scoring system. A web-based course on pain management was offered to 129 nurses, but only four completed it on a computer; the remainder took it in paper form. Hospital and community-based nurses took a web-based course to enrich their knowledge on coordinating patient care. Only 11 completed the course. A hospital placed Internet-accessible computers in four acute wards to determine how nurses would use the technology. They used the computer for work and non-work related activities, but nursing knowledge was broadened through Internet access and use.
Discussion: Staff development programs that access the Internet or are of Web-based intranet origin can be effective. They also can fail. The keys to success in use of the Internet, whether directly or through an Intranet system, are to carefully develop the program according to needs and capabilities of the users, and constantly monitor the educational properties to make alterations as they are needed.

Back to Top
Reintegration in Middle Age Women: A Model of Survivorship

Presenting Author: Virginia Lois Williamson MSN, RN
Address: 14 Rio Bosa Drive
Hattiesburg, MS 39402
USA
Ph: Fax:
Email: magblossom52@bellsouth.net
Institution: University of Mississippi, School of Nursing

Author List: Virginia Williamson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Key word: model, middle age women, reintegration, spousal death

Purpose: This poster presents a literature based integrative conceptual model for explicating the progression of middle age women through the stages of bereavement to successful reintegration into society after sudden death of a spouse.
Introduction: Most widowhood research focuses on women more than 60 years old. A woman’s experience and issues may be quite different when widowhood occurs at a younger age. Spousal death usually commences a dramatic and important change in one’s life as compared to how it was before the loss. Literature descriptions of widowhood focus on the physical and mental health, financial security, bereavement issues, and social support. The prominence that these variables will play for a widow depends on her unique situation, marital history, and life history.
Research Question: What are the histories and characteristics of middle aged women who successfully reintegrate into society after the sudden death of a spouse?
Design: A descriptive design will be used to initiate the validation of this conceptual model.
Methods: Study participant will be middle age women who have experienced the sudden loss of a spouse and who have met the criteria for reintegration as evidenced by the Reintegration to Normal Living Index (RNL) tool. The RNL is a tool to measure successful reintegration which indicates a return to normal function. A lifeline or a life history methodology will be used for data collection. Lifelines are a visual depiction of a life history, displaying events in chronological order and noting the importance, or meaning, of events.
Findings: Findings from this proposed study will provide data for comparing the conceptual model to the histories reported by the participants.
BARRIERS TO ADHERENCE TO SELF MANAGEMENT IN OLDER ADULTS WITH TYPE 2 DIABETES

Presenting Author: Bomin Shim
Address: 201 Alexander Apt. A
Durham,
South Korea
Ph: Fax:
Email: bomin.shim@duke.edu
Institution: Duke University

Author List:
Bomin Shim
Bomin Shim

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: To examine barriers interfering with older adults’ self-management of type 2 diabetes after diabetes education.
Methods: One hundred, community-dwelling adults over 60 years old who received diabetes education in the previous 6 months to 6 years were surveyed on barriers and adherence to diet, exercise, medication, foot care, stress management and blood glucose monitoring. Mean barrier levels, adherence to each self-management strategy, and participant characteristics were compared using t-tests and ANOVA with Tukey post hoc tests, and their Pearson correlations were determined.
Findings: ‘Difficulty in utilizing food exchange chart’ was the greatest barrier to diet, and ‘joint pain (knee)’ was the greatest barrier to exercise. The 82 participants using oral hypoglycemic agents ranked ‘forgetting to take medications’ as the greatest barrier, and the 12 using insulin ranked ‘difficulty measuring insulin (poor eyesight)’ as the greatest barrier. ‘Not being in the habit (keep forgetting)’ was ranked as the greatest barrier to foot care and stress management, and ‘not owning a glucometer’ was the greatest barrier to glucose monitoring. Participants had the most difficulty with stress management, followed by diet, glucose monitoring, foot care, exercise and medication. As expected high barrier level was associated with low adherence, except in diet. Participants with high barrier levels in diet and exercise also had high barrier levels in medication, foot care and stress management and those that adhered well to diet and exercise also adhered well to foot care, stress management and glucose monitoring. Total barrier scores were higher in females (p=.03), participants who perceived their pocket money insufficient (p=.04) and participants with more than two co-morbid conditions (p<.01).
Discussion: To promote better adherence, diabetes education programs need to focus on barriers to self-management, interventions to overcome major barriers and strategies to deal with other problems of aging.

Back to Top
Health-seeking behaviors of African-and Mexican-American women with a history of abuse and sexually transmitted infections

Presenting Author: Jennifer Lynn Collins MSN, RN
Address: 11204 Holster Court
Austin, TX 78748
USA
Ph: Fax:
Email: collinsj2@uthscsa.edu
Institution: University of Texas Health Science Center San Anto

Author List:
Jennifer Collins
Jennifer Collins

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: African and Mexican-American adolescent women are a particularly vulnerable, high-risk population with regard to sexually transmitted infections (STI)/HIV, unintended pregnancy, and abuse. Reducing rates of abuse recurrence, STI/HIV and unintended pregnancy among these women may occur by changing high-risk sexual behaviors, decreasing substance use and encouraging contraception. The purpose of this study is to describe health-seeking behaviors of African-and Mexican-American women with a history of abuse and STI.
Methods: A subset analysis of data (n=70) from an on-going control-randomized trial of African-and Mexican-American adolescent women (aged 13-18 years) with STI and a history of abuse was performed. Interview questions related to health-seeking behaviors were analyzed using descriptive statistics.
Results: Preliminary findings indicate 55% get a yearly check-up, 33% get STI check-up when they think they have an STI; 29% reported this was their first check-up. Barriers to health care include: 29% transportation, 46% symptoms go away, 28% get medicine from friends and 30% worry people will find out. 90% had previous pap smears; 27% had previous abnormal; only 2% reported HPV. 96% worry about the effects of STI, 91% would get a vaccination to prevent STI and 97% would continue to use protection against HIV.
Conclusions: Information concerning symptomatology and preventive health care services should be included in community-based, culturally sensitive, cognitive-behavioral interventions to reduce sexual risk behavior among adolescent women for prevention of STD/HIV, unintended pregnancy and abuse.

Presenting Author: Stephen D Heglund MSN
Address: 1325 19th Ave SW
Vero Beach, FL 32962
USA
Ph: Fax: (321) 433-7863
Email: sheglund@mail.ucf.edu
Institution: University of Central Florida

Author List:
Stephen Heglund
Stephen Heglund

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:

Stephen D. Heglund, MSN, ARNP, CCRN, NP-C
Doctoral Student
University of Central Florida School of Nursing
4000 Central Florida Blvd. HPA I, 220
Orlando, FL 32816-2210

Key Words: Clinical Reminder System, Clinical Decision Algorithm, Electronic Medical Record (EMR) Reminder, Best Practice, Clinical Decision Support System (CDSS)

Purpose: In the effort to improve clinical outcomes, it has been suggested that practice methods be based on evidence based guidelines. This poster displays the examination of the effectiveness of provider prompts for care and screening based on clinical guidelines as implemented in both paper and computer-based processes.

Methods: A search of Pre-CINAHL, CINAHL, Medline, PsycINFO, PsycARTICLES, Academic Search Premier and EBM reviews was performed to discover research evaluating the effectiveness of clinical reminder systems. Paper, computerized, and combination schemes were examined for their impact on care both individually and comparatively.

Findings: The use of clinical practice guidelines has shown to improve clinical outcomes. Furtherance of these improvements to a greater number of clients can be brought about by unbiased systematic application of the modalities suggested by clinical practice guidelines. While comparative studies between handwritten, computerized and combination systems are few, computerized systems appear to be associated with a higher rate of adherence to the published guidelines that have been adopted by the providers.

Discussion: This review affirms the findings of several others that a mechanistic approach to alerting clinicians of opportunities to apply recommendations is superior to paper-based systems that, while systematic, are subject to haphazard execution. The impact on patient care, practice economics, and the adoption of innovations will be presented.

Back to Top
Abstract ID: 717

Unraveling the Mystery Behind Evidence-Based Practice for Staff Nurses: A Bibliometric Analysis Pilot Study

Presenting Author: M. Jane Fayland DNS(c), APRN, CCRN, CNS
Address: 1902 Maidenhair Lane
Sugar Land, TX 77479
USA
Ph: Fax: 713-794-8770
Email: baygirl59@aol.com
Institution: LSUHSC

Author List:
M. Jane Fayland
M. Jane Fayland

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Purpose: The attempt to shift clinical decision-making to an evidence-based practice (EBP) approach has been wrought with obstacles.

Research Question: Ambiguity in defining the concept of EBP makes it particularly difficult for staff nurses to locate evidence, and know when and how to use it in the clinical arena.

Significance: Staff nurses equipped with a clear understanding of EBP are more likely to actively participate in the development and implementation of EBP practice changes.

Methods: Analysis was limited to three generic U.S. nursing journals with large distributions and easy access to staff nurses. Articles were indexed as follows: quality improvement, research utilization, research based nursing, best practices, evidence based nursing, and evidence based practice.
A limited electronic search of CINAHL resulted in bibliometric data for 266 articles published between 2000 and 2005. Bibliometric strategies included statistical analysis of publication counts, co-term index analysis, and co-citation analysis. Data was mapped by journal, author, indexed terms, number of articles/year, and type of article.

Findings: Articles included in the analysis represented 125/2568 (4.87%) of publications for Journal #1, 65/2917 (2.23%) #2, and 76/3888 (1.95%) #3. The smallest overall volume publisher published the largest volume of EBP articles. Trends were also identified in the co-citation and co-term index analyses.

Discussion: These findings suggest that the three journals that are most readily available to staff nurses do not foster clarity and understanding about EBP. Authors should critically identify and review search terms for appropriateness when submitting manuscripts for publication. Bibliometrics is an objective, quantitative indicator, but does not enable comment on the quality or content of the articles in the study; a content analysis of the articles is warranted. The gap between EBP knowledge and clinical practice can also be bridged through staff nurse access to the right information, journal clubs, lectures, small group discussion and grand rounds.

Back to Top
KNOWLEDGE, ATTITUDES, AND BELIEFS ABOUT BREAST CANCER AND MAMMOGRAPHY UTILIZATION AMONG AMERICAN INDIAN WOMEN IN NC

Presenting Author: Jada Lynn Brooks MSPH, RN  
Address: PO Box 1845 406 Cherokee Street  
Pembroke, NC 28372  
United States  
Ph: Fax: 919-681-8899  
Email: jada.brooks@duke.edu  
Institution: Duke University School of Nursing

Author List:  
Jada Brooks  
Jada Brooks

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y  
+Grants/Research Support:  
-National Cancer Institute  
-University of NC at Chapel Hill

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:  
Purpose: To examine population-based utilization of mammography screening, identify knowledge, attitudes, and beliefs regarding breast cancer, and identify risk factors associated with breast cancer among American Indian women aged 40 years and older.  
Methods: The American Indian Breast Health Survey surveyed 2,320 women, belonging to one of the seven North Carolina-recognized tribes or one of the four American Indian urban organizations. In addition to descriptive statistics, the Chi-squared statistic was used to compare categorical variables in relation to mammography utilization. Unadjusted odds ratios and 95% confidence intervals were computed.  
Findings: Most women were 40–59 years (67.6%), belonged to the Lumbee tribe (75.8%), had a high school education or beyond (79.3%), and possessed health insurance covering screening mammography (76.5%). Most had a clinical breast examination within the past 2 years (88.0%). Ninety-four percent had a screening mammogram. Sixty-nine percent knew that breast cancer increases with age; 93% believed that early detection of breast cancer could reduce mortality; and 92% believed that mammograms are effective in detecting breast cancer. Knowing how often a woman in her fifties should obtain screening mammography was a strong predictor of regular mammography screening (OR = 5.0, 95% CI = 3.88, 6.41). Women who believed screening mammography detects breast cancer were more likely to be regular users than those without this belief (OR = 1.8, 95% CI = 0.89, 3.71). Women who believed they were at increased risk for breast cancer were more likely to be regular users (OR = 1.3, 95% CI = 0.97, 1.63).  
Discussion: Unexpectedly, screening mammography prevalence rates among American Indian women in NC have met national goals and are above the mammography prevalence rates in the state. Comparing NC’s public breast health education with those of other states might help identify the most effective ways to target programs to minority women.

Back to Top
Abstract ID: 720

A Descriptive Correlational Study of Medication Error and Nursing Overtime

Presenting Author: Robin Green MSN
Address: 457 Bee Parsons Rd.
Chatsworth, Georgia 30705
United States
Ph: Fax:
Email: rgreen@hhcs.org
Institution: University of West Georgia

Author List:
Robin Green
Laurie Taylor

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
A Descriptive Correlational Study of Medication Errors and Nursing Overtime
Robin Green RN, BSN
Major Professor: Laurie Jowers Ware, PhD, RN
University of West Georgia
Department of Nursing
Carrollton, Georgia 30118
Key words: medication error and nursing overtime

Background: Administration of medication is one of the highest-risk tasks a nurse can perform, and accidents can lead to devastating consequences for the patient and the nurse. Studies have shown that both errors and near errors are more likely to occur when hospital staff nurses work twelve or more hours. Findings also have shown that use of barcode technology helps to prevent errors. Data indicates that approximately 7,000 deaths are attributed to medication-related errors annually.

Purpose: The purpose of this study is to describe medication errors and nursing overtime and investigate the relationship between nursing overtime hours and medication errors.

Method: This non-experimental study utilized a structured, descriptive retrospective database review. Data analyzed was extracted from the study facility’s time management and electronic medication administration systems.

Results: Findings of the study revealed that the 196 nurses who participated in the study worked an average of 11.78 overtime hours each month. The medication error percentage rate was 1.49% on the medical-surgical floors in the acute healthcare facility where the study was conducted. The most common contributing medication error to the overall medication error rate during the study was omitted doses of medications. No significant correlation was detected between medication errors and the number of overtime hours worked. Findings from this study do not support the belief that hours of overtime are linked to medication errors. However, the results of this study support the use of a bar code system as a method to prevent medication errors.

Conclusion: There was no trend identified between the monthly medication error percentage rate and overtime hours worked. Findings from this study do not support the belief that hours of overtime are linked to medication errors. However, the results of this study support the use of a bar code system as a method to prevent medication errors.
Biomarkers of Early Cardiometabolic Risk among premenopausal healthy African-American women 20-50

Presenting Author: Natalie A Floyd MSN
Address: 1716 Brookfield lane
Birmingham, Al 35214
USA
Ph: Fax: 205-975-6142
Email: Natalie.Floyd@va.gov
Institution: Birmingham VA

Author List:
Natalie Floyd
Natalie Floyd

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
African-American women suffer from an undue burden of vascular injury that still remains unaccounted for by traditional and environmental risk factors for cardiovascular disease.

Purpose:
To describe the relationships between biomarkers of inflammation: (high sensitivity C - reactive protein {hs-CRP}), hyperinsulinemia, biomarkers of dyfibrinolysis: plasminogen activator inhibitor -1 (PAI-1) and waist circumference.
We hypothesis that: Waist circumference, circulating insulin and hs-CRP levels would be predictive of plasma levels of PAI-1 among African-American women when controlling for age.

Methods:
Healthy (N= 33) premenopausal African-American women aged 20-50, participated in a cross-sectional descriptive pilot study held in the General Clinical Research Center of a University Hospital Medical Center located in the Southeastern US. All of the participant’s laboratory measurements were obtained in the fasting state. The women were screened for various cardiovascular risk factors consisting of laboratory tests and measures of body composition.

Findings:
Multiple regression revealed the following independent associations: waist circumference (p = 0.001), insulin (p = 0.028) and hs-CRP (p = 0.002), were predictors of circulating levels of PAI-1 when controlling for age. The adjusted R 0.664 explained 64% of the variance within the model.

Discussion:
Central obesity, hyperinsulinemia and elevated levels of hs-CRP have all been strongly associated in the literature with inflammation which is also believed to foster a hypercoagulable state or dysfibrinolysis. Likewise recently it has been suggested that hs-CRP is more than a biomarker that it exerts angiopathic effects by stimulating the abdominal adipocytes to release increased levels of PAI-1. This small study supports these findings. Early interventions to normalize this hypercoagulable state may improve the cardiometabolic parameters associated with premature development of vascular injury among African-American women who are so highly prone.
Abstract ID: 725

EMPOWERMENT: A STRATEGY TO DEVELOP ADVOCACY IN AFRICAN AMERICAN GRANDMOTHER CAREGIVERS

Presenting Author: Gloria F. Carr
Address: 9164 Gunther Cove
Memphis, TN 38133
USA
Ph: Fax:
Email: gcarr@memphis.edu
Institution: The University of Texas, Arlington

Author List:
Gloria Carr
Gloria Carr

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: This poster proposes empowerment as a strategy to develop advocacy in African American (AA) grandmother caregivers.

Methodology: Friere (1970) empowerment theory and Cox (2002) designs for empowerment through education of AA grandmother caregivers were used to support development of this strategy.

Discussion: Increasingly, grandparents are primary providers of care for their grandchildren. Research has provided information about grandparent needs and health issues. However, more studies are needed to examine specific ways to improve the health of these grandparent caregivers. Although research using interventions to empower AA grandmothers is relatively new within the literature, empowerment theory has been used as the framework to develop education to promote the health of individuals and groups. This framework is the underpinning for research that has shown that knowledge has the power to impact the health of individuals and groups. Empowerment among AA women enhanced their perception of control, self-efficacy, and problem-solving abilities. These abilities enhanced self-advocacy and coping skills in AA grandmothers, resulting in the grandmothers becoming active community advocates.

Conclusions: Empowerment builds internal confidence, which decreases the tendency for dependence on the outward approval of others. Internal confidence, therefore, enhances identification of personal attributes and fosters a sense of self-importance.

Implications: Empowered individuals, groups, and communities may demonstrate improved control of their lives, self-efficacy, decision-making, and communication. Thus, individual and community efforts to increase empowerment may bridge gaps between individuals, communities, and practitioners, which may then empower participants to partake more readily in their personal practices and available resources that could improve well-being, thus decreasing the incidences of disease morbidities and premature death. Furthermore, through education, AA grandmothers may learn to identify and advocate for additional helpful resources. Future research is needed, however, to investigate specific influences that empowerment and advocacy may have upon grandparent caregiver health.

Back to Top
A Comparison of Computer and Traditional Classroom Face-to-Face Orientation for Beginning Critical Care Nurses

Presenting Author: Patricia Ann Anzalone MSN
Address: 4001 Gulf Shore Blvd N #1102
Naples, FL 34103
USA
Ph: Fax:
Email: patricia.anzalone@NCHmd.org
Institution: University of Central Florida

Author List:
Patricia Anzalone
Patricia Anzalone

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Hay Group

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Background/Significance. Nursing and educator shortage has led hospitals to explore novel, cost-effective ways (such as electronic learning) of providing knowledge necessary to provide safe, effective patient care to the novice critical care nurse. The question of equivalence or superiority of electronic learning versus traditional critical care orientation remains.
Specific Aims. The aim of this research is to examine the equivalency of didactic knowledge attainment in the cardiovascular module of the Essentials of Critical Care Orientation (ECCO) on-line computer program to face-to-face critical care orientation classes and to determine how learning style in nurses is associated with performance in and preference for computerized learning or traditional orientation methods.
1. Hypothesis: Nurse learners will attain the same level of cardiovascular critical care knowledge in The Essential Critical Care Orientation (ECCO) program and face-to-face critical care orientation classes.
2. Hypothesis: Learners preferring a computer-based learning modality will not exhibit a predominant learning style.

Methods. An adaptation of the Donabedian (1980) quality improvement model selected to design the two-group pretest/posttest random assignment experimental study. One hundred volunteer practicing southwest Florida nurses will be assigned into the study groups. Pre and posttests include the Basic Knowledge Assessment Tool-7, modified ECCO cardiovascular module exam, and a Kolb Learning Style Inventory. An affective measures tool will be added to the posttesting. The ECCO module will include a two-hour face-to-face case study discussion component complying with the "blended learning" intent of the ECCO program. Data analysis is by demographics with descriptive statistics, t-tests and chi-square test.

Potential Significance. No research has yet been published on the ECCO program. Results will contribute to the body of nursing education knowledge related to computer-assisted instruction in general, and the ECCO program specifically. Better critical care nursing education may translate into more competent critical care nurses, more satisfied staff, and better patient outcomes.

Back to Top
Psychosocial factors influencing ART adherence among African American women.

Presenting Author: Hanna Bewketu Demeke RN, MSN
Address: 835 rimington lane
decatur, GA 30030
USA
Ph: Fax:
Email: hannabz2000@yahoo.com
Institution: Emory University

Author List:
Hanna Demeke
Hanna Demeke

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
African American women continue to account for a growing proportion of reported AIDS cases in the United States. African American women living in Metropolitan Atlanta area are among those vulnerable groups to be affected by HIV/AIDS. The introduction of antiretroviral therapy (ART) during the last decade has lead to dramatic reductions in AIDS morbidity and mortality in the United States (CDC, 2003). However, many individuals do not achieve the goal of sustained viral suppression (Manfredi & Chiodo, 2001) because of poor adherence. Besides a very complex therapeutic regimen (Murphy et al., 2000), psychosocial factors such as depression, disclosure issues and social support have been shown to consistently influence adherence to ART (Starace et al., 2002). This pilot study will explore possible relationships among stigma, disclosure risk, depression, social support and ART adherence in order to better understand the psychosocial factors affecting the adherence HIV+ African American women to ART regimen. A baseline data from KHARMA project, NIH funded controlled behavioral trial, will be used to test the conceptual model proposed to use for dissertation. It is a descriptive correlational study. Analysis is in progress. The result will be ready for poster presentation in 2007 annual conference.
Abstract ID: 730

Negative Thinking: Contributing Factors from the Family of Origin

Presenting Author: Lori Mutiso MSN, ARNP, PhD Student
Address: 2404 Larkin Road
Lexington, Kentucky 40503
USA
Ph: Fax: Email: lori.mutiso@insightbb.com
Institution: University of Kentucky

Author List:
Lori Mutiso

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Negative Thinking: Contributing Factors from the Family of Origin
Lori Mutiso, MSN, ARNP, PhD Student
University of Kentucky, 315 CON, Lexington, KY 40536-0232

Key Words: Depression, Negative Thinking, Attachment, Family Dynamics

Purpose: To describe the dynamics of the family of origin of women with a history of negative thinking and depression, and to test Olson's Circumplex Model of Marital and Family Systems.

Method: Ten women with a previous diagnosis of depression participated in a one-time audio-taped semi-structured interview. A six-item interview guide was constructed to illicit descriptions of each woman's family of origin. The audio-tapes were transcribed, and open coding was employed to group repeating ideas together. The coded data were collapsed and grouped into categories. Preliminary data analysis has identified three categories: Cohesion, Flexibility, and Communication. Analysis and interpretation of these data are ongoing.

Findings: The preliminary findings indicate that women with a history of depression and negative thinking have been reared in families which are unbalanced in the areas of flexibility and cohesion, and have less positive forms of communication. Family cohesion seems to have a greater impact on the memory and interpretation of family function than does flexibility, or the degree of rigidity by which the family was governed.

Discussion: Depression is a leading cause of disability worldwide. Previous research indicates that negative thinking, highly correlated with the incidence of depression, has its roots in childhood and is related to restrictive, critical, and emotionally unavailable caregiving. At the heart of Olson's model is the hypothesis that families who are balanced in their cohesion and flexibility are more functional and that the quality of the family's communication either facilitates cohesion and flexibility or inhibits them. Interventions targeting improving family communication may prove to be more effective than those aimed at the individual's self-esteem or experience of chronic stress.
Peripheral Neuropathy, Sleep and Fatigue Related to Cancer and Chemotherapy: Preliminary Findings

Presenting Author: Carol A Enderlin MNSc
Address: 520 Springwood Drive
Little Rock, AR 72211
USA
Ph: Fax:
Email: enderlincarol@yahoo.com
Institution: UAMS College of Nursing

Author List:
Carol Enderlin
Carol Enderlin

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose/Problem/Background: This descriptive pilot study investigated the experiences of patients with multiple myeloma (MM) at risk for peripheral neuropathy (PN), insomnia and fatigue.
Methods: The setting was an outpatient MM institute. Five subjects, mean age 52.47 years, provided preliminary data. We measured PN with the Functional Assessment of Cancer Therapy-Neurotoxicity (FACT-ntx), subjective sleep with interviews and seven-day sleep diaries, objective sleep with seven-day Actigraph recordings, and fatigue with the Profile of Mood States fatigue scale. We used content analysis and constant comparison to analyze patients’ perceptions of sleep changes, direction of change, and ranges to describe sleep trends.
Findings: Three themes of night sleep disturbance emerged: difficulty falling asleep, going back to sleep, and staying asleep. The most frequent sleep disturbance factors were frequent urination and anxiety. No patient reported sleep disturbance related to symptoms consistent with PN. Compared to interview data, the FACT-ntx overestimated PN in this sample. Sleep trends within and across subjects were inconsistent. The five subjects decreased sleep latency between 13.37-121.3 minutes; although there were increases in nighttime sleep (31.2-325.53 minutes), sleep efficiency (7.5-64.97%), night wake episodes (1.77-9.2), day sleep episodes (1.47-14.7), daytime sleep (2.13-280 minutes), and total sleep time (191-327.7 minutes) among the subjects, no trends emerged. Three subject fatigue scores decreased between one to five of a possible 28 points over the 6 month study period (lower scores indicate less fatigue).
Conclusion: Qualitative themes reflect several sleep disturbances during early MM therapy that were unrelated to PN. A relationship between sleep factors and fatigue did not emerge in this small sample. Alternatives to the FACT-ntx should be explored for detecting early PN. It appears that follow-up beyond six months is needed to capture the onset of subjective distress from PN and any relationship between PN, insomnia and fatigue in patients with MM.

Back to Top
The Essence of the Experience of Polypharmacy in the Life-world of Community Dwelling Elders

Presenting Author: Eugenia M Blomstrom RN, MSN, CNS, Psych/MH
Address: 7503 Foster Creek Dr.
Richmond, Texas 77469
USA
Ph: Fax: 281-341-0518
Email: eblomstrom@aol.com
Institution: University of Texas Medical Brance - Galveston

Author List:
Eugenia Blomstrom
Eugenia Blomstrom

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
The purposes of this qualitative study in progress are to: 1) explore how the elderly in the community, taking multiple medications daily, describe the essence of their experience with polypharmacy in their life-world and 2) expand the body of knowledge needed to educate policy makers, academicians, and healthcare professionals regarding the consumer perspective “living polypharmacy” and 3) address the Healthy People 2010 safe medication objective. An extensive literature review reveals confounding definitions of polypharmacy and focuses on the physiological consequences and the increased risks for cognitive disorders, falls and fractures, increased non-compliance, adverse drug events, and death. However, little is known about the elder’s perspective related to the phenomenon of taking multiple medications every day. Understanding the essence of the experience of taking multiple medications is essential in expanding the body of knowledge necessary to guide safe nursing practice related to senior adults. Therefore, a Husserlian phenomenological approach will be utilized to explore the question, “What is it like for you to take multiple medications throughout the day?” A purposive sample of twenty community-dwelling elders (<age 65) taking at least 4 prescribed medications daily are being recruited. After obtaining informed consent, volunteers are interviewed at least twice and verbatim transcripts are interpreted using Colaizzi’s (1978) methodology. Early thematic findings will be presented. It is believed that the elder living the experience of taking multiple medications can best define polypharmacy and guide practitioners to new possibilities of consumer driven evidence based care.
Abstract ID: 737

The Use of Mid Upper Arm Circumference and Body Mass Index to Assess Nutritional Status of Rural Southern Nigerian Mothers

Presenting Author: Margaret Kay Price MN
Address: 1805 Gayle Drive
Lexington, KY 40505
USA
Ph: Fax:
Email: kprice613@insightbb.com
Institution: University of Kentucky

Author List:
Margaret Price
Margaret Price

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
The purpose of this study was to assess the nutritional status of Nigerian mothers using the anthropometric indices of BMI and MUAC. Nutrition has an important role in the general health and well-being of people in any culture. There is a need to conduct nutritional assessments in short-term medical clinics in developing countries that require minimal time, minimal tools and minimal training of clinic staff.

The specific aims of this study were to: (a) to describe the current nutritional status of women residing in four rural villages in southeastern Nigeria based on BMI and MUAC; (b) to assess the relationship between underweight mother’s BMI and the nutritional status of their infants’; and c) to identify any relationship between age, education, and parity to the mother’s nutritional state based on BMI and MUAC.

This exploratory descriptive study of mothers and infants residing in four rural southeastern Nigerian villages was conducted during medical clinics sponsored by a local non-profit charitable organization. The preliminary study included twenty six Nigerian mothers with infants under the age of twelve months. Twenty-three percent of Nigerian mothers seen in a short-term medical clinic were malnourished (underweight) based on BMI alone. This number decreased to 11.5% when BMI and MUAC, with a cut-off of 23.0 cm, was used to identify underweight. Five infants (19.2%) were found to be underweight, two (40%) of those infants were also wasted. No relationship was found between mother’s age, educational level, number of children in family and mother’s BMI and MUAC. There was also no relationship between the infants’ nutritional status and the mother’s BMI and MUAC. This study is incomplete at the time of abstract submission; mothers from additional clinics are to be added to the analysis. The implications to practice will be evaluated.

Back to Top
Weblogs: An innovative strategy for coping with a stressful life event

Presenting Author: Laurie L. Stark RN, MS
Address: 7491 Blaine Way
Sarasota, Florida 34231
USA
Ph: Fax:
Email: lstark@mail.ucf.edu
Institution: University of Central Florida

Author List: Laurie Stark

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
While writing about stressful life experiences has been found to provide comfort for some, it is not clear if interactive online writing, such as that used within the context of a Weblog, provides similar solace and assurance. The purpose of this study was to explore the role of a Weblog as a means of coping with a stressful life event. The research question asked of the participants was to tell about their experience with a Weblog during such an episode. The widespread use of the Internet and rapidly developing online technology makes communication on a Weblog accessible to anyone with access to the Internet. This presents a unique opportunity for writing that may have specific health-related outcomes. Semi-structured telephone interviews were conducted with two women who used a Weblog during an experience with a stressful life event. Data were transcribed fully verbatim and analyzed through narrative analysis. Analysis of the data indicated that participants benefited most from the words of support posted by friends and loved ones as well as the opportunity for self-reflection. That this strategy was available to them at anytime by simply logging on to the Weblog meant that they could access this support whenever they felt stressed or wanted to discuss a concern. Sharing information with many people simultaneously was invaluable. Although this research showed that the use of a Weblog during a stressful life event facilitated coping in these participants, little is known about the likelihood of use, potential gender differences and the overall effect on well being for those who maintain a Weblog to cope with a stressful life event. Future research is needed to identify those who are most likely to benefit from using interactive online writing to cope with a stressful life event as well as specific outcomes of this strategy.

Back to Top
Evaluation of the Critical Reading of Research Publications Plus (CRRP-P) Course

Presenting Author: Evelyn Swenson-Britt MS
Address: 18302 Bee Tree Cove
San Antonio, TX 78258
USA
Ph: Fax: 210-358-8496
Email: evelyn.swenson-britt@uhs-sa.com
Institution: University Health System

Author List:
Evelyn Swenson-Britt
Evelyn Swenson-Britt

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Evelyn Swenson-Britt, MS, RN, Doctoral Student
Carol Reineck, PhD, CCRN, CNAA-BC
University of Texas Health Science Center at San Antonio School of Nursing

Purpose/Aims: The purpose of this study was to evaluate the CRRP-P course with practicing ICU nurses to determine if this experience would have an impact on their research self-efficacy.

Research Question: Does increased exposure to reading research in a clinical interest area increase the research self-efficacy of practicing ICU nurses?

Significance: Acquiring knowledge and skills from research is the hallmark of a profession. Nursing has experienced growth in both quality and quantity of research. Research improves nursing outcomes, but busy bedside nurses have limited time to study and apply research findings. Despite the demand for heightened accountability, the use of research findings remains low.

Method: A group of ICU nurses (N=17) participated in this pilot study. These nurses were interested in ventilator-associated pneumonia and specifically the oral care of these patients. They were instructed in searching in a bibliographic database. Then they reviewed oral care research articles using the six lessons of the CRRP. NURSES a self-rating 5-point response format was administered before and after the course. The Cronbach’s alpha coefficients for the NURSES subscales are Literature Search = .96, Quantitative Methods = .96, Using Theory = .95, and Using Evidence = .94.

Findings: Paired t-tests comparing pre and post test scores showed significance in research self-efficacy within the Quantitative Methods, Using Theory, and Using Evidence of the NURSES subscales.

Discussion: This study demonstrates that a course that reviews the components of research can increase the research self-efficacy of practicing nurses. Further study is needed to determine if this increase in confidence will increase research utilization.
Building a Cognitive Screening Instrument for Use with Mexican-Americans: Phases I & II

Presenting Author: Karen Sheffield O'Brien MSN, ACNP-BC
Address: 108 Dahlia
Lake Jackson, Texas 77566
United States
Ph: Fax:
Email: klobrien@utmb.edu
Institution: University of Texas Medical Branch

Author List:
Rosalinda Morales
Karen O'Brien

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psychometrics/Instrumentation

Abstract:
A valid and reliable, culturally unbiased clinical screening instrument for cognitive assessment of elderly Mexican Americans is needed for responsible health care practice and research. Transcultural measurement biases of the Mini Mental State Examination (MMSE) prompted a team of researchers to engage in a three-part instrument development project. Phase I, a qualitative interview study conducted in English and Spanish, explored thinking skills described as necessary in everyday life with a study group of 15 volunteers. Common themes that captured thinking skills described as used everyday were planning tasks, breaking tasks into steps, and task repetition. Descriptions of memory aids used by the study group revealed themes of making lists, using word tools, and doing by habit. Ways in which memory deficits were recognized by the sample were described as decline in performance of daily life functions, changes in routines and habits, and changes in social patterns.

Phase II involved the development of test items for a two-part questionnaire that assesses the cognitive and functional capabilities of an elderly Mexican-American and uses a family member’s observations to determine the accuracy of the patient’s responses. Family members validate personal information about the client, what the client knows and does, the client’s ADL performance, and the history of the client’s cognitive level of functioning now and how it is similar or different to the immediate past. This tool will be ready for testing in the spring. It will be evaluated for reliability, specificity, and sensitivity in multiple Mexican-American samples. It is hoped that such a tool will facilitate the health care provider to accurately evaluate episodic and working memory among Mexican American elderly clients. The valuable information provided by both the family and the client will assist with accurate and early diagnosis of cognitive impairments and promote early treatment and intervention.

Back to Top
Intimate Partner Violence in the Workplace

Presenting Author: Amanda Taylor Fallin
Address: 129 Transcript Ave Limestone Square Apts #17
Lexington, KY 40508
United States
Ph: Fax:
Email: atfall2@uky.edu
Institution:

Author List:
Amanda Fallin

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Background: Three out of four women experiencing domestic violence are also harassed at the workplace (Olson et al., 1996). The estimated lost workplace productivity of victims of intimate partner violence is $727.8 million annually (CDC, 2006).

Purpose: The purpose of this study was to identify and describe homeless and battered women’s experiences with workplace violence. This report describes Type IV violence, “violence committed in the workplace by someone who doesn’t work there, but who has a personal relationship with an employee—an abusive spouse or domestic partner” (IPRC, 2001).

Setting: Two shelters in a mid-size city in Kentucky.

Sample: A purposive sample of 30 women.

Method: Intensive interviewing was used to collect data for this qualitative study using a focused, semi-structured interview guide.

Findings: Thirteen (43%) women reported being abused by a past or current intimate partner. Of the 13 women abused by their intimate partner, 10 (77%) reported physical abuse, and nine (69%) were stalked throughout the day. “He’s been to every job I’ve had since the day I met the man…there’s not one he hasn’t been to, to threaten, shove, cuss.” Sixty-nine percent reported their abusers were using alcohol or drugs. “...he is out there drunk...lying on top of the car, hollering through the windows, ‘I’m going to kill you.’” Four women reported the abuser used a knife or gun. Most women did not receive support from their employer; five were terminated as a direct result of their abuse. “I got fired...he was calling and harassing me at work.”

Discussion: Domestic violence extends from the home into the workplace. Due to financial necessity, the women did not believe quitting was an option. Homeless women are burdened by intimate partner abuse and lack of employer support. Vigorous policies and surveillance would decrease domestic abuse at the workplace.
Living with fatigue and depression: A case study

Presenting Author: Sharon Waits Chalmers MN, APRN-BC
Address: 368 Patterson Rd
Lawrenceville, GA 30044
USA
Ph: Fax:
Email: schalmers@brenau.edu
Institution:

Author List:
Sharon Chalmers

Financial Discloser:
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:
Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Key features of heart failure (HF) include shortness of breath or dyspnea, fatigue, edema, loss of appetite, impaired mental function, and heart palpitations, most common being fatigue and dyspnea. Fatigue is a complex phenomenon and often a frequent symptom in many chronic diseases. Limited studies have focused on fatigue experienced by HF patients. In addition, as with many chronic diseases, HF patients experience high rates of depression. HF patients often experience fatigue, malaise, and insomnia, whereas depression is characterized by fatigue, insomnia, and loss of interest in usual activities. Although a few studies that have addressed depression and fatigue independently, the distinctness of each is still unclear.

Purpose: The purpose of this study was to provide an in-depth description of a HF patient’s experience with fatigue and depression in everyday activities using a case study approach.

Methods: The study design is a case study of HF participants selected from an ongoing intervention study from a large university research center in a southeastern state. In-person interviews using a semi-structured interview guide was used to explore defining characteristics, causative and precipitating factors and the effect of fatigue and depression on everyday activities.

Data analysis: A content analysis is used to identify salient factors.

Conclusions: A better understanding of the defining characteristics, causative and precipitating factors, and the effect of depression and fatigue on everyday activities would allow clinicians and researchers the insight to identify, develop and evaluate appropriate interventions that target each symptom specifically.

Back to Top
Worker-to-Worker Violence

Presenting Author: Hanan Muhammad Al-Modallal MSN
Address: 108 Surfside Drive Apt B3
Lexington, KY 40503
United States
Ph: Fax:
Email: hmalmo2@uky.edu
Institution: University of Kentucky

Author List:
Hanan Al-Modallal

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be
mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Background: Workplace Violence (WPV) is a growing concern that has an effect on the entire workplace environment. A
country workgroup identified four types of WPV. Worker-on-worker (Type III) violence includes violence against
coworkers or supervisors and accounts for approximately 7% of all workplace homicides (Iowa’s IPRC, 2001).
Purpose: The purpose of this study was to identify and describe homeless and battered women’s experiences with
workplace violence. This report describes worker-to-worker WPV.
Setting: Two shelters in a mid-size city in Kentucky.
Sample: A purposive sample of 30 women.
Method: Intensive interviewing was used to collect data for this qualitative study using a focused, semi-structured
interview guide.
Findings: Twenty one (70%) women reported being abused by their coworker or boss. Of the 21 women who reported
abuse, 17 (81%) were sexually harassed; 9 (43%) reported discrimination; 7 (33%) reported verbal abuse. Most of the
reported abuse occurred on evening and night shifts. Women reported that the abuse was recurrent. An example of sexual
harassment: “. . . it was just constant just like dirty jokes and he make (sic) reference to sexual things.” An example of
discrimination: “You would get the worst shifts. You wouldn’t get the same pay raise for doing the same work. You
couldn’t move up like a man.” Of the 48% of women whose employer provided WPV training, most said it was
inadequate. Only two of the 21 women contacted law enforcement, and more than half left the job to escape their abuser.
Conclusion: Homeless or battered women are vulnerable to WPV committed by their coworker and/or boss. Safety on
the job was not enforced; the employer was not supportive and the women did not report the abuse to law enforcement.
Integration of training programs and employee assistance programs (EAP) into the workplace would decrease
worker-to-worker violence.
Depression, Anxiety, Hazardous Drinking, Subjective Burden, and Caregiver Rewards in Family Caregivers of Patients with Chronic Liver Disease

Presenting Author:  Bolden V. Lois Ph.D. Candidate
Address: 4332 Bear Creek LN
Memphis, TN 38141
USA
Ph: Fax: 901-448-4121
Email: lbolden@utmem.edu
Institution: University of Tennessee, Memphis

Author List:
Bolden Lois
Mona Wicks

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Psych/ Mental Health

Abstract:
Purpose: This descriptive correlation study described depressive and anxiety symptom levels, prevalence of hazardous drinking, rewards, and subjective burden, and explicated predictors of subjective burden and mental health status of family caregivers of persons with chronic liver disease (CLD).

Design: A convenience sample of 73 caregivers of patients with CLD was recruited from a university based hepatology practice in the South. The Center for Epidemiologic Depression Scale measured depressive symptoms. Anxiety was measured with the Hamilton Anxiety Rating Scale. Hazardous drinking was measured with Alcohol Use Disorder Identification Test. Subjective burden was measured using Zarit’s Burden Interview and caregiver rewards were assessed with Picot’s Caregiver Rewards Scale.

Findings: Caregivers were typically Caucasian, female, married, middle-aged, high school graduates, and employed full-time. African Americans comprised 30% of the sample. The study sample reported mild depressive symptoms, little or no anxiety or hazardous drinking, mild distress for subjective burden, and moderate caregiver rewards scores. Stepwise regression analyses identified predictors of depressive and anxiety symptom levels, subjective burden, and caregiver rewards. The variable worried about children accounted for 6% of the adjusted variance in depressive symptom scores ($F(1, 62) =4.768, p=.03$). None of the selected variables significantly predicted anxiety symptom levels. Income decrease and worried about children predicted 25% of the adjusted variance in subjective burden ($F(2, 56) =10.9, p<.000$). Caregiver ethnicity and employment explained 22% of the adjusted variance in caregiver rewards ($F(2, 66) =10.7, p<.000$).

Implications: Programs to off-set caregiving-related income decreases could effectively reduce burden for caregivers affected by this worry. Future research exploring caregiver concerns related to children could provide direction for strategies to reduce burden and depressive symptoms. Interventions may be especially important for depressive symptoms as clinically significant levels were present and clinical referrals warranted in this study sample.

Back to Top
THE LIVED EXPERIENCES OF EMPLOYED ADULTS WITH DEPENDENT ADULT CAREGIVING RESPONSIBILITIES

Presenting Author: Cheryl Novak Lindy MS
Address: 1931 Wilderness Point Drive
Kingwood, Texas 77339
United States
Ph: Fax:
Email: clindy@sleh.com
Institution:

Author List:
Cheryl Lindy
Cheryl Lindy

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Texas Nurses Association District #9
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
It is estimated that about 21% of the adult population provide unpaid care to a family member or friend annually who is chronically ill, disabled, or aged. Fifty nine percent of these adults are employed either full time or part time. With employment and informal caregiving, there may be competing demands on the person’s physical, psychological, social and fiscal resources, depending on support at work and at home. The purpose of this phenomenological qualitative study was to explore the lived experiences of people who combine compensated employment and caregiving responsibilities. The research question addressed by this study was: What are the lived experiences of employed adults with dependent adult caregiving responsibilities? The participants’ perceived benefits and negative aspects of caregiving responsibilities when combined with compensated employment were examined.
Few studies were found that described the positive and negative experiences of people combining employment and caregiving. Fifteen women who in the past 12 months had provided care to a relative with a chronic physical or mental illness and were employed participated in this study. Through semi-structured interviews, the women talked about their experiences. The interview transcripts were analyzed using Colaizzi (1978) qualitative phenomenological method. Using the participants’ own words, seven themes were identified that included 1) doing what you have to do, 2) exhausted, 3) depression and frustration, 4) isolation, 5) personal rewards, 6) feeling torn, and 7) care coordinator and work flexibility. This study found that there are both positive and negative aspects of combining compensated employment and caregiving responsibilities. Implications for practice include: 1) assessment of the caregiver for signs and symptoms of exhaustion and depression with appropriate referrals, 2) identification of resources needed by caregiver with appropriate referrals, 3) flexible work schedules, and 4) employer benefits to include assistance with care coordination, respite, and financial planning.

Back to Top
Sleep and Sleep Related Correlates of Older Adults in the Acute Care Setting

Presenting Author: Kathy Missildine
Address: 20985 Bay Shore Drive
Flint, TX 75762
USA
Ph: Fax:
Email: katemissi@yahoo.com
Institution: University of Texas at Houston

Author List:
Kathy Missildine
Kathy Missildine

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose and Aims: To describe sleep characteristics of the older adult in acute care, the levels of nighttime environmental noise (in decibels) and light (in lux). The research questions were: For the older adult in the acute care setting, a. what are the mean nocturnal sleep time (in minutes), nocturnal sleep efficiency, and number and duration of nocturnal sleep periods? b. what are the mean, peak and range of levels of nighttime sound and light?
Significance: The sleep characteristics, light and sound levels of patients in critical care areas have been studied. However, few investigations of these characteristics have been conducted in a medical-surgical setting.
Methods: A descriptive pilot study, July, 2006, of 7 elderly (mean age 82) medical-surgical patients, monitored with actigraphy (Ambulatory Monitoring, Inc.), light and sound meters (Extech, Inc.) for a total of 10 nights, mean of 2 nights per subject. Common diagnoses were heart failure and atrial fibrillation.
Findings: Mean total sleep time was 215 minutes per night. Sleep efficiency averaged 44.72%. Nighttime sleep was fragmented into 5 – 38 intervals of 15 – 24 minutes, with frequent periods of wakefulness lasting 6-30 minutes. Mean light levels were 6.14 lux, with peak intensities of 60 lux lasting 95 minutes each night. Mean sound levels were 52.87 dB(A), peak levels of 78 dB(A), range from 68 – 119 dB(A).
Discussion: The sleep efficiency of this sample was markedly impaired, compared with the usual sleep efficiency of the older adult of 70%. Frequent periods of wakefulness affected overall sleep. The usual level of light, although low, was frequently elevated to levels that might interfere with sleep. Mean background sound levels were more than four times the level recommended by the Environmental Protection Agency. Subjects experienced peak sound levels up to seven times recommended levels.
Abstract ID: 768

Developing an Outcomes Evaluation Research Plan for a HRSA-supported Mental Health Community Access Program

Presenting Author: Marilyn S. Haupt MSN
Address: 25 Adler Circle
Galveston, Tx 77551
USA
Ph: Fax:
Email: mlhaupt@utmb.edu
Institution: University of Texas Medical Branch at Galveston

Author List:
Kathleen Tiernan
Marilyn Haupt

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
The purpose of the Galveston Community Mental Health Access Program is to increase access to psychiatric, medical, and social services for persons with mental health problems. Collaborating partners in this service project and outcomes evaluation research program include the Gulf Coast Center (grant P.I.), Galveston County Health District’s 4C’s Clinics (FQHC), the University of Texas Medical Branch (an academic medical center), Jesse Tree (a faith-based, social service provider), and St. Vincent’s and Luke’s Society (community faith-based free health clinics). Funded by a HRSA Healthy Communities Access Program Grant, goals include stabilizing the target population by increasing capacity, implementing a shared database with key medical providers, incorporating mobile response teams and utilizing telepsychiatry in two adjacent counties. Program objectives center on secondary prevention actions such as facilitating treatment and access to medications, reducing crisis episodes, diverting patients from emergency rooms and jails, streamlining referral processes, boosting enrollment in entitlement and pharmacy assistance programs, and implementing comprehensive, community-wide case management. An outcomes evaluation research program is currently under development and aimed at determining the effectiveness this community access initiative has in delivering quality care services to indigent, uninsured, and under-insured populations of individuals needing mental health interventions. Mixed methods research approaches will evaluate patient enrollments and responses to increased access and interventions provided by two mobile response teams, strategically placed case managers, and tele-psychiatry. Further, the 35-member Mental Health Task Force that advises and supports these projects hypothesizes that outcomes of the research program will also reflect positive patient outcomes related to improved case management at multiple sites. Samples and data bases will emerge from an estimated population of 3,000 individuals and their families that live in the area served by the Gulf Coast Center (the leading provider of mental health programs and services in southeast Texas).

Back to Top
Sleep/Wake Patterns of Elders in Nursing Homes for Short-Term Rehabilitation

Presenting Author: Laura Williams MSN, CRNP, Doctoral Student
Address: 202 Mountain View Drive
Russellville, AL 35653
USA
Ph: Fax: 215-895-9579
Email: laura.williams@charter.net
Institution: University of Alabama at Birmingham

Author List:
Laura Williams
Laura Williams

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Although some research has addressed problems of sleep among patients in nursing homes (NH), the samples are typically cognitively impaired residents. Few studies have examined sleep among “short term stay” NH patients recovering from hip/femur fracture. Many community-dwelling elders are admitted to NH for post-hip fracture rehabilitation (20 days) with full Medicare coverage.

Purpose - The purpose of this pilot study is to identify problems in the circadian pattern of wake/sleep in short term stay nursing home patients and to test the effect of disturbed sleep patterns on discharge on the 20th day.

Sample - The sample will include elders (65 and above) admitted to the NH post hip/femur fracture with open reduction internal fixation (ORIF) repair. Patients must be enrolled in at least one therapy discipline (physical and/or occupational). Exclusionary criteria include: pre-admission use of hypnotics, antipsychotics or anxiolytics; moderate/severe dementia (MMSE <11 on admission); movement disorders, medically diagnosed sleep disorders and uncompensated/uncontrolled medical illness.

Data Collection - Subjects will be monitored using actigraphy over the entire 20 day rehabilitation period. Actigraphy analysis software generates the following variables: sleep start; sleep end; sleep efficiency; actual sleep time; actual wake time; sleep latency; and wake bouts. Subjects will complete the Smith Morningness Scale to assess circadian tendency and the Pittsburgh Sleep Quality Index (PSQI) to assess usual sleep in the month prior to their injury. Additional demographic data will include use of hypnotics during the NH stay as a covariate.

Data Analysis Plan - The actigraphy data will be aggregated into three intervals: I = days 1-6; II = days 7-13; and III = days 14-20. ANOVA will compare variances across intervals for sleep efficiency; sleep latency; actual sleep time; and wake bouts. A t-test will compare discharge versus no discharge on day 20 by interval III data.
EXPLORING OLDER ADULTS’ BARRIERS TO DIABETES SELF-CARE

Presenting Author: Tami L. Wright RN, MSN
Address: 10524 Flamewood Drive
Fort Worth, Texas 76140
United States
Ph: Fax: 817-272-5006
Email: twright@uta.edu
Institution: University of Texas at Arlington

Author List:
Tami Wright
Tami Wright

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: Little is known about the experiences of elderly adults living with diabetes mellitus, particularly regarding their barriers to self-care. Available studies give some insight into the barriers experienced by older adults with diabetes, but these studies typically include small numbers of elderly subjects. In order to plan future studies exploring ways elderly adults manage diabetes and incorporate self-care behaviors, it is essential to begin with a description of these individuals’ actual lived experiences. This pilot study is being conducted to explore the lived experience and description of self-care barriers of elderly adults diagnosed with Type 2 diabetes.

Method: The investigator recruited subjects attending educational classes from a local outpatient diabetes management center. The investigator attended class to explain the purpose of the study and to offer an opportunity for those meeting criteria (adults 65 years and older with Type 2 diabetes) to participate in the study. The study consists of a mixed-methods design, combining semi-structured, qualitative interviews with a 12-item survey instrument (the Diabetes Self-Care Barriers Assessment Scale for Older Adults), and collection of demographic data.

Findings: Data collection will be completed December 1, 2006. The results of the study will provide information about self-management of diabetes in older adults.

Conclusion: Findings from this study will provide valuable information about how older adults manage diabetes on a day-to-day basis and the barriers they experience. Findings will add to what is already known from the literature, and may provide new information about this population. Researchers and educators will be able to use this information to design interventions targeted to this population to improve outcomes.

Back to Top
Abstract ID: 778

Self-Management in Diabetes Care: A Literature Review

Presenting Author: Cheryl L. Robinson MS, RN

Address: 1100 Hickory Street
Hinesville, Georgia 31313
USA
Ph: Fax:
Email: clrobinson@georgiasouthern.edu
Institution: Medical College of Georgia

Author List:
Cheryl Robinson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Patients with chronic illnesses face many problems in the management of their diseases. Increasingly, they must become participants in their care in order to maintain wellness and decrease exacerbations. Self-management has been identified as being particularly necessary for the health of diabetics. The purpose of this literature review is to examine the uses of self-management as it relates to diabetes care in adults. Twenty-six studies on self-management of diabetes in adults, published 1996 to the present, were reviewed. These studies represented a variety of clinical settings and examined diabetes self-management from several perspectives. Four broad areas were evaluated: diabetes self-management and race, diabetes self-management and education, diabetes self-management and behavioral factors, diabetes self-management and psychological factors. Additionally, six key areas of diabetes self-management (diabetes knowledge, self-observation/self-monitoring, medication adherence, dietary management, physical activity and risk reduction) were extracted from the literature and discussed. Conclusions: Self-management is important for the long-term well being of the diabetic. It can be complicated and requires many skills. Education is effective in both individual and group settings, but alone, is not sufficient to ensure adherence to a self-management program. Holistic care is essential and the use of ecological models may improve understanding of the diabetic, the meaning of diabetes to the patient, and his/her approaches to daily self-management. Finally, health disparities remain in diabetes investigation and treatment. Research among disparate populations must continue to in order to understand and implement sound interventions for this portion of the diabetic population.

Back to Top
Perceived Role of Employers Assisting Filipino Nurses with Acculturation to Nursing Practice

Presenting Author: Valerie R Vestal MSN
Address: 4003 Daisy Drive
Hamptonville, NC 27020
USA
Ph: Fax:
Email: vvestal@wfubmc.edu
Institution:

Author List:
Valerie Vestal
Valerie Vestal

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Perceived Role of Employers Assisting Filipino Nurses with Acculturation to Nursing Practice

Purpose: Explore Filipino nurse’s expectations from the employer in order to help them assimilate into the culture.
Specific aims: 1. To share this information with nurse managers and recruiters to help them understand their needs and to better prepare for future nurses. 2. To help staff understand what can be done can be done to help the Filipino nurses successfully integrate into the organizational culture.

Significance: Nurses are recruited from foreign countries and little is done to assist with assimilation into the culture.

Methods: A descriptive qualitative study was conducted to answer the following questions: What caused you the most difficulty in your transition to American culture? Could the organization have done anything different to help with the assimilation into the culture? Did you feel that management and peers were supportive? What are some of the most significant differences in nursing practice in the Philippines compared to the United States? Describe your job satisfaction? Have you ever thought about leaving the organization due to cultural challenges? If so describe.
A convenience sample of twenty two nurses who were born and trained in the Philippines participated in the study.
Data was collected using semi-structured audio- taped focus groups. The investigator used content analysis to analyze the participant’s responses to questions, searching for recurrent and exhaustive themes related to the perceived role of the organization to assist Filipino nurses with acculturation.

Findings: The study demonstrated that the nurses viewed the organizations efforts to assist them to acculturate positively. Understanding the factors that contribute to a foreign nurse’s assimilation into the Southeastern U.S. culture will allow recruitment of foreign nurses, particularly the Philippines to continue to be a one viable solution for addressing the nursing shortage.

Back to Top
Subjective Socioeconomic Status: A Concept Analysis

Presenting Author: Maybelle Jackson MSN, C-FNP
Address: 45 Saragossa Rd
Natchez, MS 39120
USA
Ph: Fax:
Email: maybellefj@aol.com
Institution: University of Mississippi Medical Center

Author List:
Maybelle Jackson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Substantial research confirms a direct relationship between socioeconomic status (SES) and health. Recently, a relatively new concept, Subjective Social Status (SSS), has emerged as possibly a stronger indicator of ones overall health than the more traditional objective measures of social economic status. Preliminary findings demonstrate relevance for ethnic minorities and may hold some promise for understanding issues related to health disparities. Subjective Social Status is being considered as an index of one’s health by the Jackson Heart Study, the largest study on cardiovascular health undertaken in the United States. The purpose of this poster is to present a concept analysis on Subjective Social Status. The definition and use of the concept will be explored as well as sources of meaning given to the concept. Clarification and differentiation of the concept from similar concepts are explored and exemplar cases are identified from nursing literature. Presented is a synthesis of existing knowledge and identification of a set of characteristics essential to the meaning and purpose of the concept. Last, the potential implications and consequences of Subjective Social Status in nursing research are explored.
Learning the First Steps of Research: Negotiating the IRB Process across Agency Lines

Presenting Author: Debra Ann Cavazos BSN
Address: 10983 Redbush Park
San Antonio, TX 78249
USA
Ph: Fax:
Email: cavazosr13@sbcglobal.net
Institution: University of the Incarnate Word

Author List:
Debra Cavazos
Debra Cavazos

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Learning the First Steps of Research: Negotiating the IRB Process across Agency Lines
The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA, 2003) protects protected health information (PHI) such as individually identifiable health information that covered health entities use and disclose. A covered health entity can use or disclose PHI for research without patient authorization under certain conditions including documentation of a waiver from an institutional review board (IRB) (ref CDC). Novice researchers, desiring to explore existing data embedded in health records as a first step in developing a research project, can encounter significant barriers which can slow the research and learning process.
This poster uses social ecology theory to understand the process of gaining IRB approval through two institutions and across agency lines for a pilot study using retrospective medical record review within one private cardiology clinic and a not-for-profit hospital. The concept of relevance of systems theory (principal 3 of the Social Ecology Theory, Stokols, 1996) was used to understand how the agency perspective on HIPAA rules and regulations changed research goals and objectives of the proposed research project. The concept of interdependence of environmental conditions (principal 4 of the Social Ecology Theory, Stokols, 1996) was used as a basis for developing recommendations for researchers, including documents needed, to plan in advance for successful submission of proposals.
Abstract ID: 785

Class: A Concept Analysis

Presenting Author: Maybelle Jackson MSN, C-FNP
Address: 45 Saragossa Rd
Natchez, MS 39120
USA
Ph: Fax:
Email: maybellefj@aol.com
Institution: University of Mississippi Medical Center

Author List:
Maybelle Jackson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The objective of this poster is to present a concept analysis on Class using the Wilsonian Method. Uses of the concept, sources of meaning given to the concept and an examplar case of Class from nursing literature will be identified and presented. Thorough explication of the concept-Class including the definition, clarification, and the differentiation of the concept from similar concepts will be presented. This concept analysis on Class will present a synthesis of existing knowledge, and identify a set of characteristics essential to the meaning and purpose of the concept. Additionally, the potential implications and consequences of Class in nursing research will be identified in this concept analysis, and it will be presented in a poster format.

Back to Top
Individuals with diabetes are significantly more likely to suffer from cardiovascular disease (CVD) than the general population. Healthy diet and regular exercise significantly reduce CVD risk factors, yet adherence rates are low. Interventions designed to influence diet and exercise have demonstrated limited effectiveness and generally employ a “one-size-fits-all” approach. Interventions tailored to individual characteristics provide an alternative and potentially more effective approach to affecting behavior change.

This study aims to evaluate a conceptual model that allows for the tailoring of interventions to decrease CVD risk in persons with type 2 diabetes. The model incorporates the Health Belief Model (HBM) and Stages of Change (SOC). To control for potential confounds, socioeconomic status, health history, knowledge, depression, and social support are included as additional model variables.

The research question is: What is the viability of the model to explain diet and exercise behaviors in persons with type 2 diabetes? Study hypotheses are: 1) HBM directly affects SOC and 2) SOC directly affects diet and exercise behaviors.

This study utilizes a descriptive correlational cross-sectional design with a convenience sample of non-hospitalized adults with type 2 diabetes. A minimum of 305 participants is required to adequately evaluate the model pathways using structural equation modeling (SEM). Participants will complete a series of questionnaires to measure model variables. Instruments selected to operationalize model variables have reported alphas between .77 and .89.

Descriptive statistics will be used to examine bivariate relationships between the study variables and mean differences associated with group membership. SEM will be used to test the conceptual model. Model estimations and post hoc model modifications will be performed if necessary to find the best fitting, most parsimonious model. Direct and indirect effects will also be evaluated.

Preliminary findings will be presented. Practice implications, study limitations and suggestions for future research will be discussed.
The use of Nurse Practitioners in small rural hospital Emergency Departments

Presenting Author: Mickey Aldridge MSN, RN
Address: 1900 Valley View Road
Starkville, MS 39759
United States
Ph: Fax:
Email: MickeyAldridge@Yahoo.com
Institution: University of Mississippi Medical Center

Author List:
Mickey Aldridge
Mickey Aldridge

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes
Abstract Subject: Community/Public Health

Abstract:
The use of Nurse Practitioners in small rural hospital Emergency Departments
Mickey Aldridge MSN, CFNP, RN
University of Mississippi Medical Center
Jackson, Mississippi

Purpose: The purpose of this study is to examine the utilization of nurse practitioners in the Emergency department (ED) setting, particularly with the collaboration of a teleemergency system and emergency trained physician.

Background: Many patients turn to their local ED for primary care which causes overcrowding. The reasons for this overcrowding include lack of ability to pay private physicians, lack of insurance and perception of need. Compounding the problem of overcrowding in the emergency department is the lack of enough emergency trained physicians to staff these departments. The IOM estimated in 2003 there were enough emergency trained physicians to cover approximately 65% of the available emergency departments in the United States. Not only are the total number of emergency trained physicians less than the available number of EDs, these physicians tend to migrate toward more urban or metropolitan areas, leaving a shortage in small, rural hospitals. The placement of emergency trained nurse practitioners in small rural hospital emergency departments has been presented as one potential solution to this problem.

Method: A systematic random sample of computerized medical records will be gathered from 12 hospitals utilizing nurse practitioners in the ED. Significant data indicators such as financial information, numbers of transfers and admissions, and patient satisfaction in the year prior to implementation and the two years post implementation will be examined.

Implication: The results of this study will potentially affect the ability of small rural hospitals to offer quality care in their EDs. The study will also potentially strengthen nursing practice by demonstrating another area where nurse practitioners can affect quality healthcare of their patients.
Abstract ID: 139

Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: A Descriptive Study Highlighting the Need for Tailored Interventions Among Older, Southern Women at High Risk for CHD

Presenting Author: Leanne Lefler PhD(c), APN, CCRN
Address: 4301 W. Markham, #529
Little Rock, AR 72205
US
Ph: Fax:
Email: L.Lefler@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:
Leanne Lefler
Leanne Lefler

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: This descriptive study is a preliminary analysis investigating differences in coronary heart disease (CHD) risk factors and comorbidities of elder Black and White Southern women. Significance: CHD is the single largest killer of American women and the death toll rises dramatically with age. Black women have greater risks for CHD than White women, and Southern women are at greater risk than in other U.S. regions. Yet, older Southern women have a very poor understanding of their risk for CHD. Modification of risk factors is the major intervention for the prevention of CHD. However, despite large, mass-media prevention campaigns, little change in risk factor modification has occurred partially due to interventions that are not culturally, racially, age, nor gender-specific. Method: The sample consists of 61 Black and White women (>60 years) with hypertension and/or diabetes recruited through faith-based techniques. The women completed questionnaires of demographic data, CHD risk factors, and comorbidities. Responses were compared by race and age using t-tests and chi-square where appropriate. Findings: Black women were younger, less educated, and socio-economically disadvantaged when compared to white women (p<0.05). There were significant differences among risk factors and comorbidities according to race and age. Black women had more risk factors than white women did, especially diabetes, obesity, lack of physical exercise, and lack of a heart-healthy diet (p<0.05). The older-old (> 76 years) had lower incomes, less education, more risk factors and comorbid conditions than the younger-old (60-75 years). Discussion: The findings indicate older Southern women demonstrate unique biobehavioral characteristics. A vital need exists to identify and understand these characteristics in order to tailor interventions that are appropriate to modify CHD risk factors among women.
Abstract ID: 377

Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Tailored Biobehavioral Interventions for the Elderly

Brief Description and Objectives

Presenting Author: Kathy C. Richards PhD, RN
Address: 4301 W. Markham, #529
Little Rock, AR 72205
US
Ph: Fax: 501-296-1765
Email: RichardsKathyC@uams.edu
Institution: Univ of Arkansas for Medical Sciences

Author List:
Kathy Richards
Kathy Richards

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:

Tailored Biobehavioral Interventions for the Elderly

Brief description: The University of Arkansas for Medical Sciences Tailored Biobehavioral Interventions Research Center defines tailored interventions as evidence-based care that incorporates critical unique patient characteristics such as age, biological state, affective state, cognition, ethnicity, beliefs, needs, goals, preferences, and resources. The term biobehavioral describes behavioral, psychosocial and biological processes that interact in human health, chronic illness, and disease mortality. Biobehavioral interventions then refer to those interdisciplinary interventions aimed on the transformation of fundamental cellular processes into the integrative function, in terms of life processes and therapies, of whole human beings. This symposium provides an integrating framework for conducting research on tailored biobehavioral interventions and research exemplars of its application in the elderly.

Objectives:
The objectives are to:

1. Present an integrating framework for conducting research on tailored biobehavioral interventions.
2. Identify critical patient characteristics for tailoring biobehavioral interventions in the elderly.
3. Describe theories and conceptual models useful for guiding research on tailored biobehavioral interventions in the elderly.
4. Discuss exemplars of tailored biobehavioral intervention research in older women at risk for coronary heart disease, cognitively impaired nursing home residents with osteoarthritic knee pain, and older women with osteoarthritis.
Abstract ID: 378

Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Tailored Biobehavioral Interventions for the Elderly

Presenting Author: Kathy Richards PhD, RN
   Address: 4301 W. Markham, #529
   Little Rock,
   US
   Ph: Fax:
   Email: RichardsKathyC@uams.edu
   Institution: Univ of Arkansas for Medical Sciences

Author List:
   Kathy Richards
   Kathy Richards

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Tailored Biobehavioral Interventions for the Elderly

Purpose: This integrating paper outlines the scope of the symposium.
Background: From the time of Florence Nightingale to the present, nurses have valued tailored interventions that incorporate the unique biobehavioral characteristics of the person receiving care. Examples of these unique characteristics include, but are not limited to, age, affective state, beliefs, biological state, cognition, ethnicity, goals, needs, preferences, and resources. Patients also value care tailored to their individual characteristics and needs. Unfortunately, we have little evidence about the efficacy of tailored interventions. It is important for researchers to begin developing the science of interventions that are tailored to patient’s individual needs and preferences and provide evidence to justify this approach in clinical practice. Development of the science of tailored care requires increased knowledge of the theories and conceptual models useful for guiding the research, critical patient characteristics for tailoring the interventions, and systematic processes for developing and testing the efficacy and effectiveness of tailored interventions. This symposium focuses on application of the science of tailored care to the elderly in community and nursing home settings. The research papers in this symposium provide examples of the theories and conceptual models useful for guiding studies on tailored interventions in the elderly, critical characteristics used for tailoring care, and provide exemplars of the process model for conducting research on tailored biobehavioral interventions.

Back to Top
Abstract ID: 379

Symposium John A Hartford Building Academic Geriatric Nursing
Capacity Scholars: Effect of a 15-week Tai Chi program on osteoarthritic knee pain in elders with mild CI - A feasibility study

Presenting Author:    Pao-Feng Tsai PhD, RN
   Address: 4301 W. Markham, #529
   Little Rock, 72205
   US
   Ph: Fax:
   Email: TsaiPaofeng@uams.edu
   Institution: Univ of Arkansas for Medical Sciences

Author List: Pao-Feng Tsai
             Pao-Feng Tsai
             Cornelia Beck

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: This study tested the feasibility of using Tai Chi (TC) to reduce osteoarthritic (OA) knee pain in elders with cognitive impairment (CI). Significance: An adjunct, TC, to pharmacological intervention may stop or slow the vicious cycle of OA knee pain that speeds the process of disability in elders with CI. However, no one has attempted to test the possibility that TC may be applicable in reducing pain in elders with CI. Methods: Six nursing home elderly residents participated in a 15-week Sun TC program. They had to have CI (MMSE score ≤ 24, Digit Symbol-Coding of the Wais-III ≤ 6, Digit Span of the Wais-III ≤ 6, Stroop Color and Word test ≤ 39, or Hopkins Verbal Learning Test – Revised ≤ 39) and no depressive symptoms (Geriatric Depression Scale [GDS-15] <5) to participate. The Bodily Pain scale of the SF-36 measured OA knee pain and number of sessions participating measured attendance. Findings: Results showed a tendency toward reduced pain after the intervention (65.67 ± 14.76 vs. 72.00 ± 20.07). Improved pain scores were significantly associated with greater number of sessions attended (Spearman’s rho = .88, p<.05). No serious side effects occurred. Only minor pains in the finger, arm or knee were reported. Elders with CI needed 8-10 weeks to learn the complete set of TC but could not memorize the TC sequences during the 15-week TC intervention. However, they could mimic the TC instructor performing the complete 12 TC forms by verbal and visual cueing. They enjoyed TC and wanted to start a TC club. The study showed that using five different screening tools for cognition was burdensome for elders with CI. Discussion: Providing visual and verbal cues during intervention, tailored educational strategies for teaching the TC, and extended duration of the intervention will promote learning.

Back to Top
Abstract ID: 382

Symposium John A Hartford Building Academic Geriatric Nursing Capacity Scholars: Tailored Computer Activity Intervention for Older Women with Osteoarthritis

Presenting Author: Sunghee H Tak PhD, RN
Address: 4301 W. Markham, #529
Little Rock, US
Ph: Fax:
Email: TakSunghee@uams.edu
Institution:

Author List:
Sunghee Tak
Sunghee Tak
Kathy Richards

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Purpose: The purposes of the study examined the: (1) feasibility of a 4-week Individualized Computer Activity (ICA) intervention for older women with osteoarthritis (OA) and describe their reactions to the ICA, and (2) effects of ICA on their nighttime sleep and depressive mood. Method: Data were collected at baseline and post-test using observational logs, survey questionnaires, and actigraphs. Fourteen participants (mean age 67 years) were randomly assigned to an experimental group or a control group. Six participated in the intervention (5 days a week for up to one hour per session over 4 weeks). The ICA was individualized based on cognitive and physical functioning. Adaptive accessories such as track ball were available to aid persons with functional disabilities.

Findings: All of ICA participants learned the skill of mouse click during the first session and engaged in various computer activities from slide shows with music to cognitively-challenging games. They exhibited positive verbal and non-verbal expressions and showed a high level of acceptance and openness to the computer during the ICA. The effects of ICA on nighttime sleep and depressive mood were examined by comparing the mean differences in scores between baseline and post test for experimental and control groups: 23.5 minutes (S.D. 118.8) vs. -4.5 minutes (S.D. 46.1) respectively for improvement of nighttime sleep and -1.4 (S.D. 6.7) vs. -0.3 (S.D. 6.4) respectively for decrease of depressive mood. Discussion: The findings indicated that an ICA may meet psychosocial needs for enjoyment and stimulation, improve nighttime sleep, and decrease depressive mood in elders with mobility limitations due to OA.
Abstract ID: 797

RIG Sponsored Qualitative Symposium: “Mozart Hears the Way God Sees” - **“Being ‘Phenomenologic’”**

Presenting Author: Nancey France
Address: PhD 120 Mason Hall
Murray, KY 42071
USA
Ph: Fax:
Email: nancey.france@murraystate.edu
Institution: Murray State University

Author List:
Nancey France
Suzanne Yarbrough

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
“Mozart Hears the Way God Sees” - *
“Being ‘Phenomenologic’”**

The purpose of this presentation is to foster the participant’s understanding of and appreciation for phenomenology in Nursing praxis. Phenomenology as philosophy and method will be reviewed through Husserl and van Manen. Through Mozart hears the way God sees, the presenter will share the lived experience of the primary investigator being phenomenologic throughout designing and conducting a phenomenological study, achieving rigor, and disseminating and integrating findings into practice. Participants will gain an understanding of how the qualitative researcher prepares self as the instrument andouches, empowers and cares for the research team.

*The portion of the title – Mozart hear the way God sees – is quoted from Maurice Natanson in Edmund Husserl – Philosopher of infinite tasks (1973, p. 38).
**The phrase “being phenomenologic” is quoted from Patricia Munhall (Researching a phenomenological method. In Nursing Research: A Qualitative Perspective, 2007, pp. 149).

Back to Top
Abstract ID: 801

RIG Sponsored Qualitative Symposium: Grounded Theory

Presenting Author: Alvita Nathaniel DSN
Address: WVU School of Nursing 3110 MacCorkle Ave. SE
        Charleston, WV 25304
        USA
        Ph: Fax: 304-347-1346
        Email: anathaniel@hsc.wvu.edu
        Institution: West Virginia University

Author List:
        Nancey France

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Sociologists Barney Glaser and Anselm Strauss introduced grounded theory (GT) as a research method in the 1967 groundbreaking text, The Discovery of Grounded Theory. Glaser and Strauss countered the positivist view that the only scientifically sound form of systematic inquiry consisted of quantitative methods. In the forty years since its introduction, classic GT has spread across the globe and has become an important method of inquiry by a variety of disciplines. Most grounded theories describe basic social process, which are theoretical representations of the patterned, systematic, and uniform flows of social life. Because GT is an inductive method of theory development that conceptualizes patterns of behavior that are problematic for those involved, it is especially suitable for nursing science. Even though GT has a cogent philosophical foundation, it is an often misunderstood method of nursing inquiry. In 1990, Strauss and Corbin presented some practical procedures and techniques for doing grounded theory studies at a level easily understood by students in applied disciplines. Procedures introduced in this book diverged from classic GT methods and effectively created a schism in the GT community. The purpose of this presentation is to elucidate the philosophical origins of GT, clarify competing views, present a brief overview of the classic GT process, and discuss the means of assuring rigor.

Back to Top
Abstract ID: 802

RIG Sponsored Qualitative Symposium: Action Research for Nursing Studies

Presenting Author: Martha Raile Alligood PhD
Address: 122 Providence Place
Chocowinity, NC 27817
USA
Ph: Fax: 
Email: alligoodmar@cox.net
Institution: East Carolina University

Author List:
Martha Alligood
Martha Alligood

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Miscellaneous non-income support: 
-East Carolina University travel support as presenter

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
As the nursing discipline expands its epistemology, action research has been discovered as a research approach with great utility. Action research has a long history but in the last decade it has been discovered anew. The utility of the action research process among nursing and other disciplines has led to interdisciplinary journals devoted strictly to the publication of action research studies. At least three different philosophical bases have been developed to underpin its use.

The purpose of this paper is to explore the types of action research, describe the three-cycle process used in an action research study carried out by the author, and explicate best practices for trustworthiness in action research.

A brief overview of the roots of action research and the development of types forms a foundation for the presentation. Particular attention is given to the nature of its use in nursing. Action research has been found to be especially suited for identifying and implementing practical solutions or changes in nursing practice and health care situations.

The research method in action research is a process and like other qualitative research new information is continuously acquired as the stages or cycles proceed. The process includes:
-Planning
-Acting
-Observing
-Reflecting
-Re-planning
Critical reflection informs the researcher and guides the development of the research that proceeds in a cyclical manner. New goals and plans emerge in each cycle as progress is made toward the ultimate goal and the conclusion of the research process. The use of action research for the implementation of theory-based nursing practice at a major medical center is used as an example to illustrate the process.

The project is evaluated with a discussion of the application of trustworthiness criteria to action research based on the fit of credibility, transferability, dependability, and confirmability.
Stimulant Medications and ADHD: A Trade Off?

Presenting Author: Julie B Meaux PhD, RN
Address: University of Central Arkansas 201 Donaghey Ave.
Conway, AR 72035
USA
Ph: Fax: (501)450-5560
Email: juliem@uca.edu
Institution: University of Central Arkansas

Author List: Julie Meaux

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Over 2 million children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) are treated with prescription stimulant medications (PSM). ADHD is a chronic disorder, yet research indicates that adolescents with ADHD stop taking PSM despite continued symptoms. There are also growing concerns about PSM misuse and abuse. This qualitative study explored the lived experience of adolescents with ADHD related to PSM use. The research question was, “How do adolescents with ADHD make decisions about taking PSM?” The specific aim was to describe factors that contribute the decision to continue or discontinue PSM.

Method: Participants (N = 15) were: (a) 18-21 years old, (b) diagnosed with ADHD prior to high school, and (c) living separately from parents/guardians. After participants completed a demographic questionnaire and the Connors’ Adult ADHD Rating Form, investigators conducted semi-structured qualitative interviews about PSM use over time. Follow-up interviews allowed participants to validate initial data cluster and themes. Interviews were audiotaped, transcribed verbatim, and entered into Ethnograph. Data were analyzed using content analysis and constant comparison to identify major themes.

Findings: All participants took PSM after initial diagnosis and discontinued use in early adolescence, although several were currently taking PSM again as college students. Qualitative data analysis resulted in three major themes: (a) the early years, (b) “the trade off”, and (c) stimulant medications in college. Participants “didn’t like the way they (PSM) made them feel”, yet took them when they “needed to get work done”. Most took PSM only at night, which contributed to sleep and eating problems. The perception of being “different” and “side effects” were the most common factors for discontinuing PSM.

Discussion: The results of this study provide guidance for nurses as they educate children/adolescents and families about PSM. Increased education about PSM and closer management is needed to reduce side effects and minimize risks of abuse.

Back to Top
Evaluation of Phase I Healthy Kids Parent-Child Fitness & Nutrition Program

Presenting Author: Pamela Dale Ark PhD
Address: 2527 Ardon Avenue
Orlando, FL 32833
USA
Ph: Fax: 407-823-5675
Email: park@mail.ucf.edu
Institution: University of Central Florida

Author List:
Pamela Ark
Pamela Ark

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: To evaluate the efficacy of the 2006 Boys & Girls Club Healthy Kids Phase I Fitness and Nutrition Child–Parent Program. The findings will provide a foundation for a pilot research project to be developed in fitness and nutrition with children-parents at a different location of the Boys & Girls Club in 2007. The initiative was developed through the Orange County Extension Service, the Food and Drug Administration (FDA) Maitland, Florida office, the Central Florida American Heart Association, Albertson’s Grocers, Boys and Girls Club & the University of Central Florida, School of Nursing.

Methods: Summative Program Evaluation of the Power of Choice curriculum used in the design of the program sessions; Quantitative measures of demographic variables including age and gender of the child/parent dyad; Physiologic variables of height, weight, and body mass index (BMI) measured on the children; and height, weight, & BMI, blood pressure and blood sugar measured on the parents along with summary statistics of the America on the Move weekly recording of pedometer readings from the children.

Findings: The summative evaluation will be complete by December, 2006. Children (ages eight to eleven years) and parents volunteered to participate in an after school fitness and nutrition program conducted at a branch of the Boys and Girls Club. Nine to ten children participated in a total of seven weekly sessions. Six parents participated in the parent program. Within the parent group, BMI readings ranged from 24 to 36: one normal; four overweight; and one obese; blood pressure readings were normal. Additional findings will be presented.

Discussion: Linking education programs with fitness activities offers the opportunity to initiate behavioral changes. The findings of this program are important in designing effective strategies involving children and their parents in community-based fitness and nutrition programs.
National Characteristics of Infant and Child Deaths

Presenting Author: Debra Brandon PhD
Address: Duke University School of Nursing Box 3322 DUMC
Durham, NC 27710
USA
Ph: Fax: 919-688-6120
Email: debra.brandon@duke.edu
Institution: Duke University

Author List:
Debra Brandon

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Despite the fact that 56% of child deaths occur in inpatient hospital settings, who these children are and how they die is not fully understood. The purpose of this study was to identify the characteristics of infants and children who die in acute care settings, and describe the patterns of acute and palliative care prior to their death.

This retrospective descriptive study analyzed the 2000 Healthcare Cost and Utilization Project (HCUP) Kids' Inpatient Database (KID) to define the national population of children who die in acute care settings. In addition, medical records of a random sample of 111 deaths between June 2000 and November 2004 at an academic children’s hospital were reviewed to further characterize the events surrounding childhood deaths in the early 21st century.

This study revealed that children continue to die in substantial numbers in the acute care setting. In addition, they die not only in children’s hospitals, but also general hospitals (53%). Admissions to general hospitals resulting in an infant or child death were most often from a routine admission or birth while admissions resulting in deaths in children’s hospitals were usually the result of a transfer from another hospital. Once admitted to a children’s hospital children were most likely to die in a critical care unit. Childhood deaths in both children’s and general hospitals occurred most often in infants less than one year of age, but at all ages and with a wide range of chronic illnesses, neonatal illnesses, and accidents/injuries. There was little documentation regarding decision making to initiate palliative and end-of-life care or associated interventions.

The results of this study suggest that large numbers of children die in all acute care hospital settings requiring all providers to have a working knowledge of and access to end-of-life and palliative care services for infants and children.
Abstract ID: 331

PARENT AND FAMILY FUNCTIONING AFTER A PRESCHOOLER’S HEAD TRAUMA: 3 MONTHS POST-DISCHARGE

Presenting Author: JoAnne M. Youngblut PhD, RN, FAAN
Address: 4124 Amber Lane
Weston, FL 33331
USA
Ph: Fax:
Email: drjmy3@aol.com
Institution: Florida International University

Author List: JoAnne Youngblut
Dorothy Brooten

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: To investigate effects of a preschool child’s head trauma on mothers’ mental health, the mother-child relationship and family functioning 3 months after the child’s hospital discharge.
Method: Sample included 80 mothers of previously healthy preschool children hospitalized with head injury – history of an injury where head trauma was possible and at least one physical finding suggesting head injury. Exclusion criteria – severe cognitive deficits prior to injury, injury suspected to be child abuse, child being evaluated with brain death criteria, parent(s) hospitalized concurrently with major injury, or death of parent(s) in injury event. Half of the mothers were white; 71.3% were married or living with a partner. Half of the injured children were hospitalized initially in the PICU. Most children sustained only head injury (72.5%), and 41.3% (n = 33) experienced a loss of consciousness at the scene. Based on the Family Resiliency model, mothers completed Mental Health Inventory (MHI), Parenting Stress Index, FACES II, and Multidimensional Scale of Perceived Social Support 3 months post-discharge and perceived injury severity, Parental Stressor Scale: PICU, and MHI (baseline) 24-48 hours after hospital admission. Injury severity scale was completed through chart review.
Findings: Mothers’ mental health, mother-child relationship, and family functioning did not differ across groups based on head injury severity (one way ANOVA). Using multiple regression, mothers’ psychological distress at 3 months post-discharge was related to objective injury severity and her baseline mental health. Psychological well-being was related to lower stress in the hospital, greater baseline well-being, and having fewer children. Mothers’ distress in parenting was related to their baseline mental health and stress in the hospital. At 3 months post-discharge, mothers’ perceptions of family adaptability were related to their greater stress in the hospital and greater social support at 3 months.
Discussion: Implications of the findings for future research will be discussed.

#R01 NR04430.
A Comparison of Traditional Clinical Experience vs. Precepted Clinical Experience for Students in their Second Semester Medical-Surgical Course

Presenting Author: Kristin Kane Ownby PhD
Address: 6901 Bertner Ave. Room 783
Houston, Texas 77030
USA
Ph: Fax: 713 500- 2073
Email: kristin.k.ownby@uth.tmc.edu
Institution: University of Texas HSC at Houston School of Nursi

Author List:
Kristin Ownby
Kristin Ownby
Renae Schumann

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The shortage of nursing faculty has contributed greatly to the nursing workforce shortage. Schools of nursing are turning away qualified applicants because there are not enough faculty to teach. Despite the faculty shortage schools are required to admit more students to alleviate the nursing shortage. Traditional nursing school clinical groups in Texas must maintain a student faculty ratio of 10/1, which is very expensive and difficult for nursing schools with larger programs to manage. Clinical groups in which preceptors are responsible for student learning may have a student to faculty ratio of 24/1, which extends faculty resources and increases flexibility for busy nursing students.

Purpose: To determine the effectiveness of an alternative clinical experience (preceptorship).
Methods: quasi-experimental, randomized, longitudinal design. Students were randomized to either the traditional or precepted clinical group. The clinical experience was a total of 12 weeks. Groups were compared according to first semester clinical course grade, pharmacology course grade, second semester test scores, HESI scores, and quality and timeliness of clinical paper work.
Sample: Over a two year period, seventy-one undergraduate nursing students enrolled in the second semester medical-surgical nursing course. 36 were randomized to the experimental group. The preceptors were baccalaureate prepared nurses who have been practicing at least one year. Setting: Two hospitals located in the Texas Medical Center.
Statistical analysis: descriptive statistics and independent t-test. Results: there was no difference between the groups on the variables of interest. Conclusion: Students in a preceptered clinical perform as well as those in a traditional clinical group.
Being a Nursing Student in a Precepted Clinical Group: Qualitative Findings

Presenting Author: Renae R. Schumann PhD
Address: 6901 Bertner Ave.
Houston, Texas 77030
USA
Ph: Fax: 713-500-2073
Email: renae.r.schumann@uth.tmc.edu
Institution:

Author List:
Renae Schumann
Renae Schumann

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Today's nursing students are different from students of the past. Many nontraditional students have greater life responsibilities and numerous, complicated roles to fill. Students' jobs and family lives contribute to the need for flexibility and accessibility of educational programs. Nursing schools delivering content and clinical in the traditional ways can render nursing education inaccessible to some populations, thereby becoming a barrier to education. Traditionally taught clinicals do not always provide the real world experience that is so important to today's busy, nontraditional students. Precepted clinical programs can make education more accessible while providing the real world perspective. Purpose: To determine the effectiveness of an alternative clinical experience (preceptorship) from a student perspective. Methods: Qualitative methods. Students were interviewed regarding their experiences and transcripts were analyzed using content analysis. Sample: 19 undergraduate nursing students enrolled in the second semester medical-surgical nursing course who were placed with BSN prepared preceptors. Setting: Two hospitals located in the Texas Medical Center. Results: Content analysis was used to analyze the interviews conducted with the students in the precepted group. Results revealed that precepted students believed they were considered by the preceptors and other staff members to be part of the patient care team. Students said that they learned to manage time more effectively, including the many opportunities to improve their skills and to experience flexibility in scheduling. They also stated that they had more respect for what nurses do and for the responsibilities nurses hold, and that the nurse preceptors helped them find more meaning and importance in the classroom education. Conclusion: Precepted students believed they had more exposure to a real world view of the nursing profession, a variety of patients, and better time management and organizational skills. They said they felt better prepared than their student counterparts in traditional clinical groups.

Back to Top
Abstract ID: 346

Precepting undergraduate nursing students: The nurse’s perspective.

Presenting Author: Linda S. Dune PhD
Address: 6901 Bertner Ave.
       Houston, Texas 77030
       USA
       Ph: Fax: 713 500-2171
       Email: linda.s.dune@uth.tmc.edu
       Institution: The University of Texas

Author List:
Ashley Caraway

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Preceptors are nurses in the clinical setting used as role models and potential nursing faculty for undergraduate nursing students within reality based clinical experiences. These expert nurses help to reinforce nursing student knowledge and provide socialization into the nursing unit environment. Literature reporting the experiences of preceptors as nursing faculty with first year undergraduate nursing students is limited.

Purpose/Research question: The purpose of this presentation will be to describe the experiences of nurse preceptors with second semester undergraduate nursing students.

Significance: Literature reporting the experiences of preceptors as nursing faculty with first year undergraduate nursing students is limited.

Methods: Taped interviews were used using open-ended questions to elicit responses related to preceptor experiences. Content analysis was performed to determine most common responses and trends. Twelve baccalaureate prepared registered nurses were interviewed after one semester of precepting undergraduate nursing students. The clinical facilities included multiple medical-surgical patient care units with two hospitals located within a Texas Medical Center.

Findings: Preceptors identified important themes that affected their own and the student’s experiences. These included learning needs of the preceptors and students, professionalism, time management and support for the preceptor.

Discussion: Preceptors provided views of their experience as well as their perceived experience of the students. These expert nurses felt that precepting was an important component of their job and the role needed to be taken seriously by their work place as well. The nurses planned their shift in order to maximize student support. They held the students accountable to professional standards and felt that they contributing to the future of nursing practice by doing so. Many reported the rewards gleaned by actively participating in student growth would encourage them to continue precepting undergraduate students.
Assuring accountability in nursing education: Analysis the psychometric rigor of clinical competence examination

Presenting Author: Suzanne S. Yarbrough PhD
Address: 38 Maple Ave
Slingerlands, New York 12159
USA
Ph: Fax: Email: syarbrough@excelsior.edu
Institution: Excelsior College

Author List:
Suzanne Yarbrough
Suzanne Yarbrough

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Problem: Educational accountability is stressed, especially in nursing where stakeholders expect graduates to address complex patient needs. Clinical performance examinations, though difficult, expensive, and time consuming to administer provide objective measures of nursing abilities which should help assure accountability in nursing education. Purpose: The purpose of this study was to assess psychometric rigor of a criterion-referenced examination constructed to test student’s clinical competence. Theoretical Framework: Clinical competence is defined as the integration of a complex constellation of psychomotor skills, behaviors, and critical thinking to actual patient care using the nursing process. Domains of nursing were broken into 21 areas of care, such as managing and maintaining asepsis; assessing and evaluating; managing patient problems and care regimens; patient teaching; and maintaining a safe and caring environment. Each area of care was operationalized using critical elements evidencing critical thinking, clinical competencies, and safe care.
Method/Design: A random sample of 1304 of examinations was selected from a population of 2264 examinations given over a period of one year. Sample size was deemed adequate to perform item level analysis for each of the core variables. Chi-square statistics were performed to assess representativeness of the sample to the population, and to analyze performance trends. Reliability estimates for each element were derived using correlation coefficients, based on generalizability analysis. Validity estimates were based on student performance in the examination compared to other external measures of nursing. Findings: Reliability estimates indicate that the battery of tested areas provides a stable measure of clinical competence. Comparison to external measures provides evidence to support conclusions that this examination is a valid predictor of graduate success.
Conclusions: Thus, the examination provides a psychometrically sound means to demonstrate accountability related to clinical.
A Structural Model of Staff Nurse Response to Job Strain

Presenting Author: Diane Randall Andrews PhD, RN
Address: 1821 Alaqua Drive
Longwood, Florida 32779
USA
Ph: Fax: 407-333-9932
Email: dcra@cfl.rr.com
Institution: University of Central Florida

Author List:
Diane Andrews

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-SNRS Small Grant Award 2005
-STTI Theta Epsilon Sm. Grant 2005

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Purpose: Research regarding the restructuring of practice environments to support nurse retention through improved job satisfaction and reduced turnover lacks empirical evidence to support identification of individual staff members at risk for retention related-issues. This study examined, through the use of a structural model, the impact of professional practice, job strain, coping and propensity to leave upon individual staff nurses.

Method: A survey of 1235 staff nurses measured health status, autonomy, collaboration, decentralization, coping, satisfaction, absenteeism and intent to leave using instruments previously demonstrated valid and reliable. Data were analyzed using descriptive techniques, factor analysis, and structural equation modeling.

Findings: Structural analysis of the data obtained from 308 usable surveys determined that the measurement of job strain as a function of self-assessed generic health status was predictive of propensity to leave ($\gamma = -0.21$). The experience of job strain shared a strong association with indicators of mental health status ($\gamma = 0.58 \text{ to } 0.70$). Job strain was influenced by coping behavior ($\gamma = 0.56$) which targeted activities associated with sustaining ($\gamma = 0.66$) and balancing ($\gamma = 0.92$). The professional practice environment was associated negatively with the propensity to leave ($\gamma = -0.58$). Staff nurses who experienced higher levels of autonomy ($\gamma = 0.91$) expressed a greater degree of satisfaction ($\gamma = 0.63 \text{ to } 0.83$) and lower intent to leave ($\gamma = 0.53$). The variables of collaboration ($\gamma = 0.32$) and decentralization ($\gamma = 0.36$) contributed minimally to the construct of professional practice.

Discussion: The model demonstrated that the health consequences of job strain are modified through the use of active coping behavior, and that those nurses with elevated self-assessed health had a lower propensity to leave. As active coping may be taught, the model suggests a means to identify those at risk and support manager intervention.
Purpose: Acute care nursing is increasingly more stressful. Stress in the workplace is known to adversely affect productivity, nurse health and well-being, quality of care, and turnover. While research has been done on the effects of job stress, little is known about the predictors of job stress. The purpose of this study was to determine the effects of individual and workplace variables on job stress of nurses employed in direct patient care in the hospital setting. The specific research questions were 1) What are the relationships between individual characteristics, workplace characteristics, and job stress and 2) What are the top stressors of nurses employed in direct patient care in hospital settings? Methods: This was a descriptive, correlational study using survey methodology. Staff nurses from two hospitals in central North Carolina were invited to participate. Nquery Advisor determined that a sample size of 185 would achieve 80% power at $\alpha = .05$ for the linear regression. A total of 223 completed surveys were returned. A multiple regression analysis was performed with a total of 15 predictor variables (nine individual characteristics and six workplace characteristics). Content analysis was conducted to determine the top stressors. Findings: The predictor variables explained 24.3% of the variance ($F= 4.44, p = .022$). The effects of shift worked ($p=.018$), ability to meet patients needs ($p=.014$), overall health ($p=.036$), and use of medications ($p=.012$) were significant in explaining the variance. The top stressor identified was work (42%) followed by family issues (32%) and financial concerns (13%). Discussion: Nurse stress is multifaceted. Interventions are needed to decrease stress in the workplace. Additionally, nurses must be taught strategies to cope with stressors both in the workplace and at home.
Children to the Slaughter: Nurses' Efforts to Save Children in Ghettos and Camps During the Nazi Era

Presenting Author: Cheyenne Aulds Martin PhD
Address: P.O. Box 599
Galveston, Texas 77553
USA
Ph: Fax: 409-747-1550
Email: damartin@utmb.edu
Institution: University of Texas Medical Branch

Author List:
Cheyenne Martin
Cheyenne Martin

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Ethics

Abstract:
An estimated 1.6 million Jewish children died during the Holocaust. Many of these children were murdered in camps such as Treblinka and Auschwitz while thousands of others perished in ghettos and workcamps due to starvation, rampant infectious diseases, and brutal treatment. Despite the high death toll many thousands of children survived the horror of the “Final Solution”, in part due to the efforts of nurses and physicians engaged in resistance and rescue. The author examines the extent and nature of nurses' participation in resistance efforts in Poland, France, and the Netherlands. This paper is derived from the author's historiographic research which included interviews with nurse Holocaust survivors and extensive review of primary source documents in Holocaust archives in Israel, Europe, and the US. This study was funded by the National Library of Medicine. Results of the study reflect that large numbers of nurses, as well as physicians, were involved in a broad spectrum of resistance activities to help children in ghettos, labor and death camps, and partisan units. Nurses expanded their definition of caregiving and became involved in all phases of resistance activities including smuggling medicines, food and children past enemy lines, forging documents, and at times, bearing arms. There were numerous reasons that nurses became involved in resistance but one of the most salient appears to have been a core ethical belief that healers had unique obligations to use their skills to fight against torture and murder. One critical finding is the extent to which nurses risked their lives to save children. For example, French nurse Pauline Guadefroy helped transport Jewish children from France to Switzerland as a member of the underground group L'OSE and was killed by the Gestapo. The author explores the relevance of these resistance efforts for contemporary nurses in the face of continuing global warfare and genocide.
Nurse Retention in a Culture of Caring

Presenting Author: Diane Raines RN, MSN
Address: 800 Prudential Drive
Jacksonville, FL 32207
USA
Ph: Fax: 904.202.2285
Email: Diane.Raines@bmcjax.com
Institution: Baptist Health

Author List:
Diane Raines

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose and Significance. This study was an evaluation of a major corporate initiative, a program titled Spirit of CareGiving,TM to determine if there was a difference between participants and non-participants on one major dimension, staff retention. In our complex, technologically oriented clinical environment it is a challenge to maintain a culture of “caring and compassion” especially in nursing where shortages create added stressors for leadership and staff. Yet the literature states that major benefits derived from a “culture of caring” are improved employee satisfaction and retention, the very outcomes expected from the Spirit of CareGgivingTM program.

Research Question. What effect does Spirit of CareGiving, a program designed to promote caring and compassion, have on staff retention in a 5-hospital system?

Methods. A sample of 2400 participating staff, 1100 of whom were nursing, was compared to 5900 non-participating employees on turnover. Data were collected for three years, and analyzed using descriptive statistics.

Findings. Retention was better for all employees who participated over the three years (82.6% retention for participants versus 62.6% for non-participants). Participants had an average tenure of 6.5 years versus 3.5 years for non-participants. Involuntary terminations were less for participants (17.3% versus 25.2%). The most dramatic difference in retention was for nurse managers. Those participating had a 3-year retention rate of 88.2%; non-participants had a retention rate of 59.7%. This was an unexpected finding that was supported by NDNQI data and a hospital commissioned survey for job satisfaction. Major job satisfiers for nurses were: organizational support, senior management, respect for diversity, teamwork between co-workers and time for patient care.

Discussion. The meaning of these findings and lessons learned will be shared, as well as information on the program’s content and costs.
Family Functioning and Perceived Criticism in Heart Failure Patients and their Family Members

Presenting Author:   Christina M Quinn DNS, RN
Address: Emory University/ Nell Hodgson Woodruff School of Nursing 1520 Clifton Road, Room 242
Atlanta, GA 30322-4201
USA
Ph: Fax: 4047279382
Email: cquinn2@emory.edu
Institution: Emory University

Author List:   Christina Quinn
Christina Quinn

Financial Discloser:    Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:    Cleared: Yes

Abstract Subject:    Health Promotion/ Self-care

Abstract:
Background: Self management of heart failure (HF) behaviors such as diet and medication adherence take place in a family context, yet little information exists to understand how family variables contribute. Additionally, perceived criticism has been related to negative health outcomes such as functional disability and depression in other chronically ill populations. This study examined relationships among family functioning [general family functioning (GFF), problem solving (PS), and communication (COM)] in HF patients and their family members (FM); and, patients’ perceived criticism (PC) from their family. Methods: Data were obtained from a sample of 29 community dwelling HF patient/FM dyads. HF patients were 53±10 years; 57% male; 62% African-American; and, 86% NYHA Class II. The FM’s mean age was 52±10 years; 82% were female. Most dyads were married (52%). The GFF, PS, and COM scales from the Family Assessment Device were completed by patient and FM; only patients completed the Perceived Criticism Scale. Higher scores indicate less effective GFF, PS, and COM; and, greater PC. Descriptive statistics and Spearman’s correlations were used in the analysis. Results: HF patients’ average GFF score was 2.07±#61617;53 with 41% scoring >2, indicating moderate problems with family functioning. The FM’s GFF mean score was 1.89±#61617;54. HF patients and FM’s were discordant on family functioning scores (rs=.29, p =.14), PS (rs =.33; p=.09), or COM (rs =.27, p =.17). Less effective FM family functioning (GFF) was associated with greater perceived family criticism (rs=.42, p=.03). Conclusions: Family functioning scores varied by HF patients and FM, and the means indicated moderate difficulties. Perceived criticism may be greater in HF patients with families exhibiting lower general family functioning. Disruption in family processes may result in negative interactions and outcomes for patients and may contribute to a less conducive environment for HF self management behaviors.

Back to Top
Gender Difference in Factors Affecting Self-Care Behaviors in Patients with Heart Failure

Presenting Author: Seongkum Heo PhD
Address: 1608 University court F213
Lexington, Kentucky 40503
USA
Ph: Fax:
Email: sheo22@uky.edu
Institution: University of Kentucky

Author List:
Seongkum Heo
Seongkum Heo

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Background: Even though effective self-care may reduce exacerbations of heart failure (HF), reported rates of effective self-care in patients with HF are not high. Psychological, cognitive, and physical factors have been suggested as influences on HF self-care, but little is known about gender differences in these influences.
Purpose: To identify gender differences in the factors affecting self-care in patients with HF.
Methods: Patients (n = 122; 77 men and 45 women, mean age 60 ± 12 years old, New York Heart Association functional class III/IV 66%) provided data about their depressive symptoms (Beck Depression Inventory II), perceived control (Control Attitudes Scale-Revised), functional ability (Duke Activity Status Index), HF knowledge (Heart Failure Attitudes Scale), self-care maintenance and confidence (subscales of the Self-Care of Heart Failure Index). Factors affecting self-care were examined separately in men and women using stepwise multiple regression.
Results: More men were married (p = 0.02) and reported better functional abilities than women (p =0.04). Mean self-care maintenance scores were less than 70% (standardized score) in both men and women (69.6 in men vs. 62.5 in women) indicating poor self-care. Higher perceived control and better HF knowledge were associated with higher self-care in men (r² = 0.18, p = 0.001), while greater self-care confidence and poorer functional ability were associated with higher self-care in women (r² = 0.35, p < 0.001).
Conclusion: Gender differences in the factors that influence HF self-care suggest the need for interventions tailored to the unique characteristics of men and women.
Nutritional Intake and Nutritional Status of Patients with Heart Failure and Similarly-aged Healthy Elders

Presenting Author: Terry A Lennie PhD
Address: 529 CON 760 Rose Street
Lexington, KY 40536-0232
USA
Ph: Fax: 859-257-5959
Email: tlennie@uky.edu
Institution:

Author List:
Terry Lennie
Terry Lennie

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/Self-care

Abstract:
Background: Multiple factors associated with aging such as decreased sense of taste, decreased appetite, and early satiety can affect nutritional status of older adults. This may place older patients with heart failure at greater risk for malnutrition than younger patients. The effect of aging on nutritional status of patients with heart failure is unknown. Purposes: To compare nutritional status and dietary intake of community dwelling patients heart failure with a similarly-aged group of healthy elders living in the same community. Methods: Fifty community dwelling patients with heart failure (mean age 68) and forty community dwelling healthy elders (mean age 67) completed four-day food diaries, had blood drawn for albumin, and body composition measured by air displacement plethysmography. Food diaries were analyzed for caloric intake and macro- and micro-nutrient content. Findings: Average caloric intake of the patients with heart failure was approximately 30% lower than that of the healthy elder group. The average number of nutrients below recommended levels in the diets of patient with heart failure was 5.5 (+/- 2.7), which was significantly higher than the 3.2 (+/- 2.5) nutrients below recommended levels in the health elder group (t= 3.6; p < .01). The majority (68%) of patients with heart failure had diets low in five or more micronutrients. This contrasts with less than 30% of healthy elders having a similar number of nutrient deficiencies. The most common micronutrient deficiencies in both groups were calcium, magnesium, vitamin E, and vitamin D. The number of patients with these deficiencies, however, was double the number of healthy elders. Twenty percent of patients with heart failure met at least one criterion for malnutrition, while none of the healthy elders met any of the criteria. Conclusion: These data indicate that age-related factors per se, are not primary causes of malnutrition in patients with HF.
Women's Use Of Social Comparisons To Gauge Progress While Participating In Phase II Cardiac Rehabilitation

Presenting Author: Valerie Lunsford Ph.D.
Address: 4717 Sweet Dr.
    Rougemont, North Carolina 27572
    USA
Ph: Fax:
Email: vlunsfor@email.unc.edu
Institution: UNC Chapel Hill School of Nursing

Author List:
Valerie Lunsford
Valerie Lunsford

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- NIH/NINR T32NR07091
- Sigma Theta Tau Alpha Alpha Research Grant $500.
- Smith Graduate Research Grant $500.

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Problem: Social comparisons, the process of relating personal characteristics to the characteristics of others, may increase during periods of stress, uncertainty, or change. A significant life event, such as a cardiac event, influences the amount and type of social comparisons made by an individual. Social comparisons may influence the individual’s adaptation to illness and enactment of health behavior changes. Findings about social comparisons are inconsistent, which may be the result of retrospective assessment at one time point with a single method.
Purpose: To prospectively and longitudinally describe and explore the social comparison activities women engage in while becoming more physically active during participation in a formal, Phase II program of cardiac rehabilitation following a cardiac event.
Methods: Using a mixed methods approach, the Social Comparisons Scale was administered at baseline and week 12 to all participants, and a sub-sample of six women participated in interviews during week 4. Interviews consisted of six open-ended questions about social comparisons.
Findings: little change occurred in the frequency of making social comparisons or in the emotional outcomes associated with making downward comparisons. Women described making few upward comparisons and many downward comparisons. Women made a limited number of temporal comparisons relating their progress and recovery from a cardiac event to previous experiences with recovering from surgery. In each instance, previous surgeries were viewed as having been “fixed”, while recovery from a cardiac event was seen as a personal responsibility.
Discussion: Limited engagement in upward comparisons suggests women may lack similar candidates for upward comparisons, or women may differ in how they experience and interpret upward comparisons. Future research questions include whether using social comparisons to judge personal progress is related to the meaning of the cardiac event, the level of threat experienced, the target of comparison, or a change in how women see themselves.
Abstract ID: 12

Quality of Systematic Reviews in Nursing Literature: The Basis for EBP

Presenting Author: Vicki L Byers RN, PhD
Address: 7703 Floyd Curl Drive MC 7949
San Antonio, TX 78229-3900
USA
Ph: Fax: 210.567.5822
Email: byers@uthscsa.edu
Institution:

Author List:
Kathleen Stevens
Kathleen Stevens

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Delta Alpha Chapter, STTI
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose and Aim: Systematic reviews (SRs) have been called the heart of evidence-based practice (EBP) because of the vital function they fulfill in synthesizing research knowledge into a useable form. While the methods of research synthesis clearly specifies rigorous research design for conducting SRs, rigor of systematic reviews published in nursing literature has not been systematically evaluated. The study aim was: To describe the scientific quality of systematic reviews in published in nursing literature in a pilot study.

Reviews in leading medical journals do not use rigorous scientific methods (Mulrow, 1987). The question remains: What is the quality of SRs published in nursing literature?

Significance: In evidence-based practice, effective nursing care depends upon high quality SRs. SRs published in nursing literature must be rigorous so as not to misinform clinical decisions. This pilot guided development of an expanded study which will inform publication and indexing guidelines, design of training in SRs, and the need for critical appraisal of SRs.

Methods: We developed and used expert CINAHL searches to locate SRs; randomly sampled the population of SRs to obtain 10 reviews; and appraised the SRs. Critical appraisals of selected SRs were accomplished by two reviewers using well-established critical appraisal tools (OQAQ).

Findings: From this preliminary work, our conclusions are:
• In CINAHL, publications were over-classified into the publication category, “systematic review.”
• The preponderance of nursing publications in the sample lacked the necessary rigor to develop the science base for evidence-based practice.
• The OQAQ has multifaceted questions and was difficult to use when evaluating reviews with scant rigor.

Discussion: The pilot provided initial findings regarding the quality of systematic reviews and substantiated the need for a larger study for generalizability. Also, it showed that the critical appraisal instrument needs further development. A larger study is proposed.

Back to Top
RE-EVALUATION OF FRIEDMAN’S LABOR GRAPH PHASE II: DETERMINING THE “NORMAL” LENGTH OF LABOR OF WOMEN RECEIVING EPIDURAL ANESTHESIA

Presenting Author: Sandra Kay Cesario RNC, MS, PhD
Address: 3511 Southdown Drive
Pearland, Texas 77584-2367
USA
Ph: Fax: 713-794-2103
Email: scesario@twu.edu
Institution:

Author List:
Sandra Cesario
Sandra Cesario

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Statement of Purpose and Aims of the Research:
The purpose of this study is to investigate the need to revise the standardized labor curve proposed by Friedman in 1954 to include women receiving epidural anesthesia during childbirth. Epidural rates in the US are up to 95-98% in some places and are believed affect labor length. Diagnoses such as failure to progress and dysfunctional labor pattern based on timed parameters may contribute to the high Cesarean Section rate of healthy fetuses and resultant mortality/morbidity of women undergoing operative delivery unnecessarily.

The primary aim of the research is: re-evaluation of the “average” length of stage of labor for multiparous and primiparous women in North America who receive epidural anesthesia during labor.

Research Questions
The following research questions will be addressed:
1. Is there a difference between the range or average length of labor for primiparous and multiparous women who receive epidural anesthesia during labor today and that described by Friedman in 1954?
2. Is there a consensus of labor nurses regarding the need to revise the Friedman’s Labor Graph?

Significance
Nursing care in the labor and delivery setting is focused on the “normal” length of each stage of labor as determined by Friedman in 1954. Currently, any labor pattern that does not conform to this prescribed length is labeled dysfunctional and warrants intervention, usually cesarean birth, even when fetal and maternal wellbeing can be documented.

Methods
A descriptive, non-experimental, and anonymous cross-sectional survey was mailed to 500 randomly-selected agencies in North America. Each participating agency contributed data from 5 deliveries. T-Tests will be done to determine if there is a significant difference between groups.

Findings
Preliminary findings indicate that there is a difference in length of labor for women receiving epidural anesthesia indicating the parameters of “normal” need to be revised.
A Pilot Study Of Quality Of Life In Chronic Obstructive Pulmonary Disease (COPD)

Presenting Author: Costellia H Talley Ph.D.
Address: 810 Radiance Dr
Cordova, TN 38018
USA
Ph: Fax:
Email: htalley1@midsouth.rr.com
Institution: Department of Veteran Affairs

Author List:
Costellia Talley
Costellia Talley

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Department of Veteran Affairs Office of Academic Affiliations
-Beta Theta Chapter-at-Large Sigma Theta Tau

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Problem: Persons with COPD experience reduction in quality of life (QOL); however, few studies have examined QOL using generic QOL and health-related quality of life (HRQOL) measures. This pilot study describes generic QOL and disease-specific HRQOL, examines differences in QOL and HRQOL by gender and race, and determines the relationship between HRQOL and QOL in patients with moderate to severe COPD.

Design: A descriptive cross-sectional design of 36 participants (58% Caucasian; 53% female; age 59±12 years) was recruited from two outpatient pulmonary clinics. The St. George Respiratory Questionnaire ([SGRQ]), the Bronchitis-Emphysema Symptom Checklist (BESC), and Center for Epidemiological Studies Depression Scale (CES-D) assessed HRQOL. The Quality of Life Index (QLI) assessed overall generic QOL and its domains; the 1-item General QOL measure (GenQOL) assessed global QOL.

Findings: Overall generic QOL was low (QLI), as were the health, functioning, and socioeconomic QLI subscales. African Americans reported poorer global QOL and HRQOL than Caucasians; gender differences were not present. Overall generic QOL scores were significantly (p<.05) and negatively correlated with the disease-specific SGRQ total score (r=-0.47), symptom (r=-0.36), and impact (r=-0.52) subscale scores. Scores on the SGRQ total, symptom, and impact subscales were also associated with poorer overall generic QOL scores. Overall generic QOL was also significantly correlated with fatigue (r=-0.40), helplessness-hopelessness (r=-0.56), irritability (r=-0.39), decathexis (r=-0.46), peripheral-sensory complaints (r=-0.58), and alienation (r=-0.49) subscales of the BESC and mental health (r=-0.38).

Implications: HRQOL may be a relevant construct when assessing QOL in COPD. QOL may be related to illness specific effects and symptoms, depressive symptoms, and race. The association of QOL with race requires further examination as it may be a proxy measure for socioeconomic status. Likewise, studies are needed to determine the factors that predict HRQOL and QOL in persons with COPD targeting women and ethnic minorities.
Abstract ID: 71

Labyrinth Walk Integration Project

Presenting Author: Diane Wind Wardell PhD
Address: 6901 Bertner, Room 793
Houston, TX 77030
USA
Ph: Fax:
Email: diane.wardell@uth.tmc.edu
Institution: University of Texas Houston

Author List:
Diane Wardell

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The architectural design award winning University of Texas Houston, School of Nursing building includes an outdoor labyrinth based on the design found in Chartres Cathedral in France. The problem was incorporating the labyrinth into the daily lives of students and faculty. The specific aims of the project were to: educate faculty regarding the significance and benefits of the labyrinth; design and evaluate a teaching/learning module; determine practice and students’ perceptions regarding their experience; and compare before and after measures of stress in participating students.

The labyrinth, an archetype found cross-culturally over 5000 years, utilizes the lost art of sacred geometry and provides the opportunity to integrate left (analytical) and right (intuitive) brain functions. Use of the labyrinth, promotes self awareness, and may decrease perceived stress. Outcomes for students could include reducing the stresses of illness, relationships, learning, exams, and daily hassles.

A multi-phasic study based on a stress reduction conceptual framework using cognitive, experiential, and quantitative methodologies has been implemented with 50 faculty, 75 undergraduate and 45 graduate students.

In Phase 1 the study team was educated on the labyrinth by a trained Labyrinth Facilitator by didactic and experiential methods. They subsequently then offered a media program on the labyrinth for the faculty.

In Phase 2 this teaching/learning module was refined. Material was adapted for each curriculum level and for individual courses.

In Phase 3 data collection includes the State-Trait Anxiety Inventory (Spielberger) and the Personal Orientation Inventory (Shostrom). Participants are asked to record frequency of practice, perceptions of their labyrinth experiences. Fifteen students have been enrolled to date. Comparison of before and after measures of stress will be analyzed with the activity log as a co-variate if a range of activity is documented. Qualitative methods will be used to evaluate the students’ reported experience of participating in the labyrinth module.
The Use of Spiritual Practices in Self-Management of Diabetes in African Americans

Presenting Author: Rebecca Lynn Polzer PhD, RN
Address: 5440 N. Braeswood Blvd. Apt 979
Houston, Texas 77096
USA
Ph: Fax: 713-500-2073
Email: Rebecca.Polzer@uth.tmc.edu
Institution: University of Texas Health Science Center-Houston

Author List:
Rebecca Polzer
Rebecca Polzer

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Background: A major cause of morbidity and mortality for African Americans is type 2 diabetes. Although many factors contribute to this morbidity and mortality, one important issue relates to the complexity of self-management of diabetes. A major factor affecting self-management of diabetes in African Americans is spirituality. Spirituality is central in the lives of many African Americans, and often provides a framework for health and illness. One way that African Americans use their spirituality is by performing spiritual practices such as prayer, meditation, reading Scripture, and attending church services. These practices have been found to provide support in self-management of diabetes. Although spiritual practices may provide such support, little information exists on how this process occurs, as well as how and in what settings these practices can be used to improve self-management. Information from this study will be used to design an intervention study to test the effect of church-based support groups on African Americans with type 2 diabetes’ self-management behaviors. Purpose: The purposes of this study are to (1) explore how spiritual practices affect self-management of diabetes in African Americans (2) examine how these practices can be used in individual or group settings to facilitate self-management. Method: This design is qualitative descriptive. Using purposive sampling, 30 African American men and women, age 40 and older, with type 2 diabetes are being recruited from churches in the Southwestern U.S. Data collection includes minimally structured interviews and a demographic data sheet. Content analysis is being used to ascertain themes in the data. Methods of rigor are process notes, memos, and peer debriefing. Anticipated Findings: From previous work of the author and the literature, it is anticipated these practices will provide support to African Americans with diabetes by providing role modeling, a sense of calmness, and inner strength to manage their illness.
Abstract ID: 101

Reviewing the Use of Video Games for Child Health Issues: Implications for Childhood Obesity Research

Presenting Author: Jonathan W Decker MSN, ARNP
Address: 5334 Birchbend Loop
Oviedo, FL 32765
USA
Ph: Fax:
Email: nursej1@msn.com
Institution: University of Central Florida School of Nursing (P)

Author List: Jonathan Decker Jonathan Decker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Key Words: Video Games, Child, Intervention, Obesity

Purpose: Childhood obesity rates have reached epidemic proportions around the world and sedentary behaviors have been one of the foci of blame by obesity researchers, particularly time spent playing video games. However, focusing upon negative aspects of video games has left obesity research without a possibly valuable tool. The goal of this poster is to present a review of the use of video games as an intervention for various childhood health conditions and behaviors.

Method: A literature search was conducted in the disciplines of nursing, medicine, psychology and education using several databases, such as: CINAHL, PubMed, PsycINFO and ERIC. The keywords used for the search were: video games, children and intervention. The resulting literature was further narrowed to include only studies in peer-reviewed journals that used video games as an intervention. Data were extracted from the resulting fifteen articles for: sample size and demographics, intervention and its duration, and any significant or important findings.

Findings: Results showed that video games can be a robust and effective intervention tool. Significant findings were found in: changes in child knowledge, self-efficacy for their conditions and behaviors, and actual behavioral changes. These results were seen across a broad range of conditions, ages, genders, races, ethnicities, and locations. Thus, it would appear that video games can be effectively used as an intervention in nearly all children. Some drawbacks to the use of video games include: cost, speed of technological advances, and availability. Yet, these do not appear to be insurmountable barriers.

Discussion: Thus, the conclusion was made that obesity researchers need to evaluate and study the use of video games as a means for intervention. However, the focus must extend beyond the current “active” video games and include even the “sedentary” games, which may still have positive utility.
Community Readiness for Smoke-free Policy Change in Kentucky

Purpose: To examine the community readiness model as it relates to local smoke-free policy development in a major tobacco-producing state. Kentucky is the second largest tobacco producing state while also leading the nation in smoking prevalence, lung cancer incidence and mortality rates. Correctly identifying and then promoting communities to a stage of readiness to enact smoke-free policies plays a vital role in protecting public health.

Methods: A descriptive, cross sectional design was used to assess the six dimensions of readiness for local smoke-free policy and included a community’s: 1) knowledge of the problem, 2) existing policy efforts, 3) tobacco control leadership, 4) resources for supporting tobacco control, 5) climate for tobacco control, and 6) political climate for tobacco control. Dimension scores were summed for each community to identify one of six overall readiness stages. One-way ANOVA evaluated regional trends of readiness, and multiple regression evaluated the influence of socio-demographic variables on policy development.

Results: Data were collected for 64 communities. Communities were identified in each stage of readiness for smoke-free policy development with the majority clustered in the lower stages. Community knowledge of the problem was the overall highest rated dimension with community climate for tobacco control the lowest rated dimension. There were no regional variations in either overall readiness or dimension scores. Smaller communities were less ready for policy development than larger ones (adjusted r2 = .25; p = .003).

Discussion: This study suggests the community readiness model is both relevant and appropriate to use for examining smoke-free policy development. The readiness model provides advocates with specific information concerning their community’s knowledge, attitudes, leadership, and resources, in addition to what socio-demographic factors influence smoke-free policy advancement. These contexts can affect the trajectory of the local policy process and ultimately assist or derail smoke-free advocates’ efforts.
Deficits in Information, Motivation, and Behavioral Skills Associated with HIV Medication Adherence Identified in a Southern Population

Presenting Author: Deborah J. Konkle-Parker PhD, FNP
Address: Division of Infectious Diseases 2500 N. State Street
Jackson, MS 39216
USA
Ph: Fax: (601) 984-5777
Email: dkparker@medicine.umsmed.edu
Institution: University of Mississippi Medical Center

Author List:
Deborah Konkle-Parker
Deborah Konkle-Parker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: The Information, Motivation, Behavioral Skills (IMB) model has been used to describe factors associated with HIV medication adherence. The use of this model has not been described in a Southern population. The purpose of this study is to examine the IMB deficits identified in this population that may indicate the need for intervention.

Methods: An anonymous computer-assisted (ACASI) survey was administered to 151 patients in a large public HIV clinic in the Deep South. The questionnaire contained an IMB measure with a 5-point Likert scale measuring information, motivation, and behavioral skills important in HIV medication adherence, as well as a demographic questionnaire and the CES-D.

Results: This sample reflected the characteristics of the clinic population: 89.4% African American, 42% female, 59% with high school education or less, 77% with incomes less than $10,000 per year, 27% gay or lesbian, and 38% who reported symptoms of moderate to severe depression according to the CES-D (M = 18.8, SD = 11.8, range 2 – 52). Responses to seven out of 33 IMB items had medians in the neutral or negative directions, indicating that respondents had difficulties in those areas. The areas included concern about others knowing about their HIV disease, having to plan and take medicines for the rest of their lives, the side effects of the medicines, and taking medicines when depressed. Five of these were motivational issues, two were behavioral skills. No informational items showed similar medians in the negative direction, indicating a comfort with knowledge about HIV and medications.

Conclusions: Motivational and behavioral skills issues concerned with side effects, stigma, depression, and the burden of extra planning were reported as the most problematic for this sample. Awareness of these may help nurses assist patients to be more adherent to their medicines by addressing these issues proactively.
Decision-Making and Risk Behaviors in Rural Adolescents with Asthma

Presenting Author: Hyekyun Rhee
Address: PO Box 800782
Charlottesville, VA
USA
Ph: Fax:
Email: hr3k@virginia.edu
Institution:

Author List:
Hyekyun Rhee
Hyekyun Rhee

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Asthma is a leading chronic illness in children and adolescents. Approximately 9.2 million children under the age of 18 report a lifetime diagnosis of asthma, and 6.2 million have suffered a current asthma attack. Research has shown that both urban and rural populations experienced similar increases in asthma prevalence in the past years. Risk behaviors are common in adolescents, and teens with asthma are found to report more positive attitudes toward smoking and are more likely to smoke than their healthy peers. Individuals’ decision-making is suggested to be associated with risk behaviors. This study was conducted to examine decision-making quality in teens with asthma living in rural areas and the extent to which they engaged in risk behaviors. Forty-one teens, ages from 14 -19 years, from 4 clinics and a high school in rural counties participated in the study. Forty-nine percent (n=20) of the sample were classified as quality decision-makers. No association was found between quality decision-making and illness-related factors or demographic factors. Lifetime smoking was reported by about 37%, and 20% reported current smoking. Over 29% have been drunk in the past year. Twenty-four percent indicated that they used at least 1 illicit drug in the past year. Over 34% engaged in at least one of the 3 risk behaviors. When compared with data from the national sample, our study sample reported slightly lower rates of risk behaviors whereas the current smoking rate was higher in our sample. Of 50% of quality decision makers, 35% (n=7) engaged in one or more risk behaviors. No significant correlation was found between decision-making quality and risk behavior. This study showed that teens with asthma are at a comparable risk for risk behaviors to their healthy peers even for those considered quality decision-makers.
Herbal Supplement Use among Veterans with Peripheral Vascular Disease

Presenting Author: Sally Vaughn McCoy MSN, RN, ANP-BC
Address: 5002 Ola Dr.
Houston, Texas 77032
USA
Ph: Fax:
Email: smccoy2388@aol.com
Institution: Michael E. DeBakey VAMC

Author List:
Sally McCoy
Sally McCoy

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
The purpose of this descriptive study was to assess the use of eight commonly used herbal supplements in veterans with peripheral vascular disease.

What is the incidence of herbal supplement use by veterans with peripheral vascular disease? What is the intended purpose? What is the incidence of veterans who have discussed supplement use with their provider?

Studies have indicated that more than one third of the U.S. population use complementary and alternative medical (CAM) therapies for health-related problems. Herbal supplements have become increasingly popular, although their efficacy and safety has not been proven. Supplements also interact with specific cardiovascular medications, affecting bleeding time, heart rate and blood pressure. Research on the use of herbal supplements is limited.

A written questionnaire survey was given to veterans with peripheral artery disease regarding the usage of the herbal supplements. The survey obtained information concerning the use of Co-Q10 enzyme, Ephedra, fish oil, folic acid, Garlic, Ginkgo biloba, Ginseng, hawthorn and licorice root, the intended reason for supplement and if the supplement had been discussed with their health care provider.

This study is expected to be completed in 2 months. Descriptive analysis of the data collected to date demonstrates approximately 25% of veterans surveyed use herbal supplements to improve health and the majority have not discussed with their provider. Health care providers must improve herbal supplement assessment and education, especially with patients with peripheral vascular disease.
RELATIONSHIPS BETWEEN CHILDREN'S SELF-REPORT OF SELF-CONCEPT AND TEACHER REPORTS OF THE BEHAVIORAL ASSESSMENT SYSTEM FOR CHILDREN FROM THREE COHORTS OF THE PASS PROGRAM

Presenting Author: Marti Rice Ph.D.
Address: 1530 3rd Ave. South
Birmingham, AL 35294-1210
USA
Ph: Fax:
Email: schauf@uab.edu
Institution:

Author List:
Carol Howell
Marti Rice
Duck-Hee Kang
Michael Weaver

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:

Stress, Anger, Self-Concept

Purpose: Low self-concept has been identified as a risk factor for the development of depression, obesity, and negative social behaviors. The purpose of this project was to report partial baseline results of three cohorts of a federally funded study of anger, stress management, and enhancement of self-concept in 9 and 10-year olds. Specifically, the purpose was to characterize relationships between child reported self-concept and the teacher reported Behavioral Assessment System for Children (BASC).

Method: Descriptive correlational statistics were used to address the research question: 1) What is the relationship between children’s self-reports of self-concept and teacher reported in-school behaviors? Five hundred and three 3rd and 4th grade children from seven elementary schools in one southeastern rural county were recruited. Power analysis required 312 children. The children completed then Self-Perception Profile for Children. Teachers consented to complete the BASC.

Findings: Positive correlations were noted between Adaptive Skills and both Behavioral Conduct, and Global Self-worth. Among the negative associations were Aggression and Scholastic Competence; Conduct and Global Self-worth; Anxiety and both Social Acceptance, and Scholastic Competence; Conduct and Scholastic Competence; and Aggression and Scholastic Competence.

Discussion: This study was limited to one geographical location and a one time measurement. The higher the perceived levels of self-concept the lower the teacher identified in-school behavioral problems. Conversely, the higher the self-concept the greater the teacher rated adaptability. Results suggest that self-concept is related to in-school behavior.

Back to Top
Abstract ID: 166

**Children’s Secondhand Smoke Exposure in African American Families**

**Presenting Author:** Anne Turner-Henson DSN  
Address: UAB School of Nursing 1530 3rd Ave South  
Birmingham, AL 35294-1210  
USA  
Ph: Fax: 205 975 6142  
Email: turnhena@uab.edu  
Institution: UAB School of Nursing

**Author List:**  
Barbara Habermann  
Anne Turner-Henson

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y  
+Grants/Research Support: -CDC

**FDA Disclosure:** Cleared: Yes

**Abstract Subject:** Parent-Child

**Abstract:**

**Purpose:** The purpose of this study was to examine secondhand smoke exposure (SHS) among African American (AA) children aged birth to 11 years of age. The prevalence of SHS exposure has been documented in AA children to be higher.

**Method:** This study used focus groups to obtain in-depth qualitative information from AA smokers and nonsmokers who are parents of children. The focus groups used were used to examine beliefs and attitudes concerning smoking practices, rules and restrictions, impact of SHS on children, and attitudes concerning health message delivery.

**Findings:** Four focus groups (2 smoker groups, 2 nonsmoker groups) were conducted with a total of 29 participants (1 male, 28 females). Children with asthma (24%) and asthma symptoms (33%) lived in participant households. Beliefs about SHS exposure and perceptions of where children are exposed did not differ by type of participant (smoker vs nonsmoker). The majority of the participants believed that AA children’s SHS exposure was about the same as children of other racial or ethnic groups. Participants reported that smokers in the households were primarily husbands and grandparents. Smoking most frequently occurred in the bedroom and bathroom. Participants reported using environmental measures (opening a window), rules and restrictions as measures to reduce children’s SHS exposure. Nonsmoker participants expressed feelings of powerlessness over controlling smoking in the home. The male authority figure, difficulty setting rules for older persons and living with family members were reported as barriers to rule setting by nonsmokers. Health care providers were viewed as trusted messengers for health care messages by both groups.

**Discussion:** Both smokers and nonsmokers viewed secondhand smoke exposure as harmful to children’s health. Feelings of powerlessness and barriers to smoking restrictions in homes/cars were prevalent among the participants. The findings may be used to develop public health messages and interventions specific to the AA population.

Back to Top
Spirituality and Clinical Care: Comparing Team-Based Learning Strategies with Lecture and Standardized Patient Scenarios in an Interdisciplinary Course

Presenting Author: M. Kay Sandor Ph.D., RN, LPC, AHN-BC
Address: 301 University Blvd.
Galveston, TX 77555-1029
USA
Ph: Fax: 409-747-1508
Email: ksandor@utmb.edu
Institution: University of Texas Medical Branch

Author List:
M. Kay Sandor
M. Kay Sandor
Victor Sierpina

Financial Discloser:
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-GWish (George Washington Institute for Spirituality and Health)

FDA Disclosure:
Cleared: Yes

Abstract Subject: Education

Abstract:
Purpose: The purpose of this study is to compare the effects of a team-based learning strategy with the traditional lecture, and a classroom scenario using standardized patients in an interdisciplinary course entitled “Spirituality and Clinical Care.” Students master course content through a simple three-step process: (1) out of class preparation, (2) assurance of readiness to apply learned concepts, and (3) application of content through team problem-solving.

Method: Nursing, medical, and allied health students participating in the Spirituality and Clinical Care course were introduced to two important concepts—spirituality in the clinical setting and working in interdisciplinary teams. Students completed a Classroom Engagement Survey-Interdisciplinary (CES-I) after a conventional didactic portion of the course, after a classroom scenario using standardized patients, and after a Team-Based Learning session. The CES-I has three subscales: Learner Participation (LP), Learner Enjoyment of Class (EC), and Interdisciplinary Awareness (IA). Analyses were conducted using SPSS t-test or ANOVA.

Findings: A total of 342 students participated in the team-based learning exercise. Compared to Lecture and Standardized Patient/Family Scenario, students in Team-Based Learning had higher Learner Participation (Mean=15.4 vs 11.0 and 10.9, F=224.6, p<.001), Learner Enjoyment of Class (Mean=10.1 vs 8.6 and 8.4), and Interdisciplinary Awareness (IA) scores (Mean=7.9 vs 7.1 and 7.5). There were no significant differences between males and females within teaching methods. However, nursing students reported higher Learner Participation (Mean=16 vs 15.1, F=4.9, p<.01) and higher Learner Enjoyment of Class (Mean=10.9 vs 9.6, F=9.0, p<.001) than medical students within the team-based learning strategy.

Discussion: Out of the three teaching methods, students responded best to the Team-Based Learning strategy. These findings add to the body of knowledge of methods for teaching spirituality to health professions students. Implications for classroom teaching strategies, discipline differences, and interdisciplinary learning opportunities will be discussed in detail.
What are the Students Angry About?

Presenting Author: Sandra Paul Thomas PhD, RN, FAAN
Address: 11009 Flotilla Drive
Knoxville, TN 37934
USA
Ph: Fax: 865-974-3569
Email: sthomas@utk.edu
Institution: Univ. of Tennessee

Author List:
Sandra Thomas

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Speculation abounds regarding increased anger exhibited by college students, including those who major in nursing (SNs). However, no studies have explored the precipitants of SN anger. The purpose of this qualitative descriptive study was to explore the reasons for SN anger. After IRB approval, junior SNs in a university BSN program were asked to write narratives about anger incidents related to nursing classes or clinicals, substituting pseudonyms for names of people and places. Typed narratives were transmitted to the researcher electronically under conditions of anonymity. 143 narratives were submitted. After 24 were eliminated because they did not pertain to incidents while in the SN role, 119 remained for analysis. SN anger was provoked far more often in clinicals (n=94) than in classes (n=25). Injustice was the #1 cause of SN anger, with hospital RNs being the #1 provocateurs. SNs were angry because RNs treated patients unjustly and/or treated SNs unjustly (belittling, patronizing, demeaning them). Most often, SN anger was suppressed or shared with clinical instructors. SNs did not perceive that they could successfully confront staff RNs about their behavior. Anger of these junior SNs was legitimate and appropriate, generated by violations of patients’ rights and their own rights to a supportive milieu for learning. Interactions with staff RNs left the junior SNs feeling unwanted, inept, frustrated, and hurt. At a time of critical nursing shortage, our newest practitioners should be welcomed, not discouraged. This study should be replicated in other hospital settings used for SN clinical training.

Back to Top
Experiences of Non-Caring Behaviors by Undergraduate Student Nurses

Presenting Author: Christine Pollock Ph.D.
Address: 1900 Gravier Street - 3A16
New Orleans, LA 70112
USA
Ph: Fax:
Email: cpollo@lsuhsc.edu
Institution: LSUHSC- School of Nursing

Author List:
Christine Pollock
Christine Pollock

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Study Title: Experiences of Non-Caring Behaviors by Undergraduate Student Nurses
For the past several decades, the concept of caring has been espoused as a core value by most nursing education curricula as well as the majority of health care agencies. Despite the professional consentaneous agreement about the centrality of caring, many student nurses experience numerous episodes of non-caring throughout their nursing school curricula in the nursing environment. Juxtaposed with the philosophy of care are the experiences of nursing students of non-caring, including emotional and psychological abuse. The experiences of students described in the literature describe abuse, both by nursing faculty and health care professionals in the clinical setting. In a recent published study conducted in Turkey, 100% of students stated that they had experienced abuse in the nursing environment.

The purpose of this research study is to explore the non-caring experiences of student nurses while enrolled in an undergraduate nursing program in Louisiana. This non-experimental descriptive study will use a convenience sample of recent graduates from accredited undergraduate nursing programs. Research packets, consisting of a cover letter, the Non-Caring Behaviors Questionnaire, and an addressed stamped envelope have been mailed to 1800 recent graduates. Upon receipt of the completed survey, SPSS analysis using both descriptive and inferential statistics will be used. Based on the findings of this survey, nursing faculty can determine if appropriate interventions need to be developed in order to change the environments that student nurses experience and whether the non-caring behaviors exist on horizontal or vertical dimensions or a combination of both. Additional interventions may also be needed to assist students in positively managing non-caring/abusive situations.

Back to Top
Abstract ID: 187

The Impact of High-Risk Behaviors upon Symptom Management in HIV/AIDS

Presenting Author: Kenn M. Kirksey PhD
Address: 616 Memorial Heights Dr. 4301
Houston, Texas 77007
USA
Ph: Fax: 713-566-4709
Email: kenn_kirksey@hchd.tmc.edu
Institution: Harris County Hospital District

Author List:
Kenn Kirksey
Kenn Kirksey

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Statement of Purpose and Aims of the Research: To examine the relationships among sociodemographic attributes, high-risk behaviors, illness representation, and self-care symptom management strategies used by persons with HIV/AIDS. Specific aims included: 1) Examine the relationship between high-risk behaviors (e.g., injection drug and alcohol use, high-risk sexual behaviors) and symptom management; and 2) Identify the relationship between self-perceived symptom presence, intensity and impact on daily life and symptom management strategies. Research Question: What is the impact of high-risk behaviors and symptom severity upon management strategies in persons with HIV/AIDS? Significance: There is a paucity of research regarding the relationships among the study variables, particularly the association of high-risk behaviors upon self-care management strategies. Methods: Quantitative; Descriptive correlational design; Convenience sample of 372 participants; Instruments: Sociodemographic Data Form, CES-D, Sign and Symptom Checklist for HIV, and Self-care Symptom Management for People Living with HIV/AIDS. All instruments had well-established validity and reliability. Power analysis was employed; however the large N yielded far more participants than needed for statistical power. Data analyses: Descriptive statistics, Pearson r. Findings: The mean age was 39.98 years (SD 8.27) and the majority of participants were African American (72.8%, n=271). Seventy-one percent (n=266) had a high school or greater education. Approximately 70% reported inadequate health insurance, 86.6% cited inadequate income, and 84.7 % did not work for pay. Forty-two percent reported co-morbidities and 54% had received an AIDS diagnosis. Discussion: Persons who engage in high-risk behaviors are more likely to use potentially self-destructive strategies to manage symptoms. A variety of self-care measures were incorporated in order to manage symptoms associated with HIV/AIDS. The use of self-care management strategies has significant potential to diminish symptoms and enhance health-related quality of life. This work can assist nurses working in HIV care in defining effective self-care management strategies.

Back to Top
Abstract: DEMOGRAPHIC DETERMINANTS OF ICD BENEFIT IN PATIENTS WITH REDUCED EJECTION FRACTION AND HEART FAILURE: A PILOT STUDY

Purpose: The purpose of this pilot study is to determine the feasibility of a larger study designed to identify subgroups that most benefit from prophylactic ICDs (implantable cardioverter defibrillator) based on demographic and clinical characteristics. Studies have shown ICDs significantly reduce mortality associated with sudden cardiac death and ischemic heart disease. A landmark multi-center trial (SCD-HeFT) found that persons with nonischemic dilated cardiomyopathy also benefited from ICDs. The implications are far reaching as the Center for Medicare and Medicaid Services has expanded national coverage determinations to include prophylactic ICDs for persons with an ejection fraction less than 35%. The cost burden is significant considering more than 500,000 Medicare recipients would be eligible using this criteria. As data on subgroups is limited, this study will test the hypotheses that ICD benefit differs according to demographic groups or from the interacting effect of demographic and clinical characteristics in efforts to further refine prophylactic ICD criteria.

Methods: A retrospective, purposive, correlation design will be employed. The pilot sample consists of records from 40 subjects in a cardiology clinic who have received an ICD based on the SCD-HeFT criteria. Office records will be reviewed for possible inclusion of subjects who meet the criteria of ICD implantation based on SCD-HeFT criteria. ICD benefit will be determined based on number of appropriate device therapies at discrete time intervals in relation to demographic and clinical characteristics. Subjects will be assigned to predefined demographic subgroups, clinical characteristics will be quantified, and statistical analysis will be conducted using ANOVA.

Findings: This pilot study will determine the feasibility of obtaining adequate subjects for the larger study (N=200), allow for refinement of the data collection tool, and identify limitations to obtaining pertinent clinical data.
Psychosocial Adaptation to Pregnancy and Postparum in Primigravid Women from Monterrey, Mexico.

Presenting Author: Regina P Lederman PhD
Address: School of Nursing 301 University Blvd.
Galveston, TX 77025
USA
Ph: Fax: 409 773 3770
Email: rlederma@utmb.edu
Institution: University of Texas Medical Branch

Author List:
Regina Lederman
Regina Lederman

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Interview assessments of pregnancy adaptation were made for 52 low-risk, low-income Mexican primigravidas with a Mean age of 21.5 +/- 3.7. Most were married/partnered, had high school education, and were unemployed/housewives. All women denied alcohol intake; most reported no smoking or illicit drug use. More than half (n=29) indicated they will not attend childbirth education classes.

Responses to the Spanish Prenatal Self-Evaluation Questionnaire (PSEQ) yielded scores for seven dimensions. Cronbach’s alpha for the PSEQ scales are above or close to the acceptable level of .70 for a newly translated instrument. Means/SD are similar to those for a 145 multiethnic primigravid U.S. English-speaking comparison sample on Motherhood Role Identification and Relationship with Mother, while scores on Acceptance of Pregnancy and Relationship with Husband/Partner suggest better adaptation to pregnancy. Compared to a U.S. Air Force sample, scores on Preparation for Labor, Concerns about Well-Being of Self/Baby in Labor are higher, indicating considerably higher anxiety than for pregnant military women during the Iraq war. PSEQ scale correlations with the total 79-item questionnaire show the highest correlations are for Well-Being of Self/Baby in Labor (r=.71), Preparation for Labor (r=.68), and Fear of Pain/Helplessness/Loss of Control in Labor (r=.79), indicating these factors account for most of the prenatal adaptation anxiety. Cronbach’ alpha for the Spanish Postpartum Self-Evaluation Questionnaire (PP-SEQ) scales ranged from .79-.92. Several PSEQ scales significantly predicted to PP-SEQ scales on maternal confidence and satisfaction with motherhood tasks and with the husband/partner relationship, further indicating the significance of prenatal adaptation.

The results indicate high maternal anxiety concerning inadequate preparation for labor, management of labor pain, and concerns for maternal/fetal well-being, suggesting a need for prenatal/childbirth education for Mexican women to ameliorate maternal anxiety. Postpartum adaptation can be predicted from the seven PSEQ scales, and the results can be used for planning prenatal intervention strategies.

Back to Top
Toward Further Clarification of Patient Rights

Presenting Author: Elizabeth J Murray PhD, CNE
ADDRESS: 2608 SW 29th Avenue
Cape Coral, Florida 33914
USA
Ph: Fax:
Email: emurray@fgcu.edu
Institution: Florida Gulf Coast University

Author List:
Elizabeth Murray

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Ethics

Abstract:
Purpose: Despite widespread use of the concept in the literature, there is not a clear definition of patient rights. Therefore, the evolutionary method of concept analysis developed by Rodgers (1993; 2000) is used to explore the meaning of patient rights in nursing. This analysis aims to clarify the concept of patient rights and to identify a theoretical definition.

Significance: The notion of patient rights has evolved over the past four decades; from extreme paternalism to shared decision-making. The American Nurses Association Code of Ethics with Interpretive Statements outlines the nurse’s obligation to preserve, protect, and support patient rights. Thus, nurses must continue to pursue a clearer understanding of patient rights in an effort to facilitate respect for patient rights in a dynamic health care system.

Methods: The computerized Cumulative Index of Nursing and Allied Health Literature (CINAHL) and MEDLINE are being used to search professional nursing journals and allied health journals using “patient rights” as the selected keyword. Data will be explored to identify definitions, attributes, surrogate terms, related concepts, references, antecedents, and consequences of patient rights. In addition, these results will be compared to qualitative data obtained from a previous study using focus group interviews to explore adult patient perceptions of their rights.

Findings: This analysis is still in-progress. It is anticipated the findings will result in a theoretical definition of patient rights including essential attributes, related terms and concepts as well as antecedents and consequences of patient rights.

Discussion: Identifying an operational definition of patient rights could offer nurses an opportunity to develop plans of care that foster respect for patient rights. Additionally, nurse educators and clinicians could use the theoretical definition and essential attributes as a framework to evaluate ethical issues. Furthermore, the theoretical definition and essential attributes could be used to generate additional research questions.
Purpose: To describe the relationship of dental health status (DMFT) to severity of illness (APACHE III score) and pre-existing chronic health problems in critically ill mechanically ventilated adults.

Research Question: What is the relationship between DMFT and APACHE III score (including chronic disease subscale)?

Background and Significance: Recently, interesting relationships have been reported between dental health and systemic health problems (including atherosclerosis, coronary artery disease, glycemic control in diabetes, and preterm delivery risk). While it has been hypothesized that chronic inflammation associated with poor oral health is the mediator of these relationships, the associations and causation remain controversial. The relationship of dental health to severity of illness or chronic health problems in the critically ill has not been described.

Methods: The sample consisted of 296 critically ill adults who were subjects in a large clinical trial related to oral care interventions. Decayed, missing, and filled teeth were counted and summed (DMFT). Information for calculation of APACHE III severity of illness score, including history of chronic diseases, was obtained for the 24 hours preceding admission to the study.

Findings: Mean DMFT was 8.4 (SD=8.0), with means of 0.3 decayed (SD=0.8), 6.6 missing (SD=7.4), and 1.5 filled (SD=2.8) teeth. Mean APACHE III was 72.6 (SD=27.4). There was not a statistically significant relationship between total DMFT and APACHE III (r=0.0866, p=0.14), nor between DMFT components and APACHE III (decayed, r=-0.0617, p=0.30; missing r=0.1007, p=0.09; filled r=-0.0021, p=0.97). The relationships of DMFT to chronic health problems were not significant.

Discussion: Although some research has demonstrated an association between dental health and chronic health problems, our data in a sample of critically ill adults failed to show a significant relationship between DMFT and either level of severity or pre-existing health conditions. Further research with more sensitive indicators of oral health may be warranted.
Acute Pain Management in the Emergency Department: An Update

Presenting Author: Ptlene Minick Ph.D.
Address: 1748 North Holly Lane
Atlanta, GA 30329
USA
Ph: Fax: 404-651-5000
Email: minickp@langate.gsu.edu
Institution:

Author List: Ptlene Minick

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Acute Pain Management in the Emergency Department: An Update

Every year, almost 2 million patients are admitted to the emergency department (ED) with long-bone fractures (LBF), and most present with moderate to severe pain. The standards dictate that barring contraindications, patients with LBF should receive a narcotic analgesic while in the ED. Clinicians agree about the treatment of pain associated with LBFs, so his patient problem provides an excellent model to assess the current treatment of acute pain. Previous research shows that almost half of all patients with LBFs are not medicated for pain in the ED and that racial disparities exist with Blacks and other minority patients less likely than Whites to receive pain medication. Recently, numerous interventions have been implemented to remedy these inadequacies, yet little data exists about their effectiveness. The purpose of this study is to determine the degree of pain management for patients with LBFs in the ED. A secondary purpose is to determine whether racial disparities exist with regard to pain management for patients who have LBFs during their stay in the ED. Using a retrospective design, medical records of adult patients who present with LBF over a four month period will be reviewed. The interval between admission and time of initial analgesic is considered a key variable. A sample size of 27 patient records for each group (white versus minority) will be required to detect a 15 minute difference between the two groups (white versus minority) with a power of .80 and an alpha of .05. Descriptive statistics, independent samples t-tests and Chi Square difference tests will be used to analyze the data. Findings from this study will provide the necessary first step to develop effective nursing interventions to improve the management of acute pain for patients presenting in hospital EDs.
Analysis of Medication Administration Data

Presenting Author: Michael D. Gray MS
Address: 713 Queen's Way
Auburn, AL 36830
USA
Ph: Fax:
Email: graymid@auburn.edu
Institution: Auburn University

Author List:
Michael Gray

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Medication error incident reporting systems, whether hosted internally or externally “can capture enormous volumes of data, but without the requisite resources to analyze and translate data into useful information, their potential is far from being fully realized.” (Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2005) The overall objective of this research project is to discover the key areas within the medication administration process that contribute to the majority of medication administration errors in a Regional Medical Center (RMC). By applying appropriate data mining techniques to the RMC’s medication administration error related data set, the aims of this research are to:
1) Differentiate medication administration errors that occur within a defined sub-process of the overall medication administration process;
2) Associate with known medication administration error event types which are not documented in the incident reporting data set; and
3) Predict the magnitude and frequency of future medication administration error types.

The data mining methodology used for this research follows the steps defined by the Knowledge Discovery in Databases (KDD) Process Model. (Roiger & Geatz, 2003) Data for this research project was obtained from automated systems and medical records associated with patients involved in medication administration errors. The objective of this analysis is to highlight relationships within the error data that point to processes and circumstances that enable medication administration errors.

The outcomes of this research improve patient safety by aiding clinical process redesign. Additionally, this research identifies areas within the medication administration process that require further analysis and provide the greatest opportunity for error reduction. The primary significance of this research project is the potential to create a method for analyzing medication administration error data in the context of a healthcare organization's unique clinical processes.

Back to Top
GROWTH OUTCOMES OF EXTREMELY LOW BIRTH WEIGHT INFANTS OVERTIME FOLLOWING DisCHARGE FROM A NICU

Abstract:

Most, if not all, extremely low-birth-weight (ELBW) infants are discharged home with a growth deficit that is continued over a period of time with catch-up growth being incomplete at established milestones. While some researchers have studied the growth patterns of and feeding practices for preterm infants after discharge, the results of these studies are inconclusive, in part, due to the inclusion of very low birth weight, low birth, and extremely low birth weight infants in the same sample. This inability to fully understand the growth patterns of these infants at different developmental stages interferes with the ability to develop age appropriate interventions that may enhance their growth.

Purpose: The purpose of this retrospective chart review is to describe the growth of the ELBW infant during the first year of life after discharge from the NICU, in relation to race, gender, weight gain, length, occipitofrontal circumference, and feeding practices.

Method: A descriptive research design will be used to explore, growth relative to a reference population of comparable age, reported nutritional intake, and relationships among weight, gender, race, socioeconomic status, and hospital stay. The charts of 300 ELBW infants born between 1996-2004 will be reviewed and data will be analyzed using, descriptive statistics, regression analysis, and t-tests.

Findings: Findings from this study will lay the foundation for a prospective research trajectory that will lead to the identification and testing of interventions within different cultures that could potentially improve the growth patterns of these vulnerable infants.
An International Health Care Experience: Influencing Cultural Competency of Nursing Students? A Pilot Study

Presenting Author: Patricia Biller Krauskopf PhD, RN, APRN, BC, FNP
Address: 10226 SR 259
Mathias, WV 26812
USA
Ph: Fax: 540-665-5519
Email: pkrausko@su.edu
Institution: Shenandoah University

Author List:
Patricia Krauskopf
Patricia Krauskopf

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Cultural diversity is a skill that has become essential for nurses in today’s health care environment. Nurses must be culturally competent to effectively communicate with and deliver care to patients of other ethnic backgrounds. One technique for developing the culturally competent nurse is to immerse students within a different culture via international travel. At Shenandoah University (SU), students have the opportunity for cultural immersion through the Global Experiential Learning (GEL) program. GEL allows for faculty supervised international experiences over three weeks, within the framework of an academic course and students earn three elective credits toward degree requirements. The pilot nursing course “International Health Care” developed by the authors for the GEL program was implemented during July and August 2005. Course objectives included cultural concept synthesis, observation of health care delivery, identifying cultural beliefs that influence health behaviors, ethical issues and global factors impacting health care, influencing cultural sensitivity, and integrating academic and cultural experiences. Nursing students, graduate and undergraduate, and the authors traveled to three university schools of nursing and health care systems in Thailand. SU students and faculty partnered with Thai students and faculty to learn about the multi-tiered Thai healthcare delivery system. Results will be reported from a pilot study comparing three students’ levels of cultural competency after engaging in this program using the Inventory for Assessing The Process of Cultural Competence Among Healthcare Professionals – Revised with classmates who did not participate. An analysis of student assignments in fulfillment of course requirements demonstrated successful achievement of course objectives. The findings from this pilot may result in establishing routine cultural competency measurement with future GEL experiences which are being conducted in other international settings. The authors will also provide experiential wisdom regarding the rewards and challenges of international travel with students.
Health Status of Chinese Postpartum Mothers in the U.S.

Presenting Author: Ching-Yu cheng  
Address: 2306 Wickersham Ln. #1213  
Austin, TX 78741  
U.S.A.  
Ph: Fax: (512)3891104  
Email: chingyuus@gmail.com  
Institution:

Author List: Ching-Yu cheng

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Most studies about health of postpartum mothers focused on depression. However, health should include physical and mental health and role performance. Additionally, there is no studies about Chinese mothers’ health in the U.S. Therefore, the purpose of this study was to understand Chinese mothers’ health status in a holistic way. Research questions included (a) what is mothers’ health status in physical health, depressive symptoms, and maternal competence, (b) what are the relationships among three aspects of health. This study was a cross-sectional, correlational design. Snowball sampling was used to recruit 150 Chinese mothers within 1 year postpartum via electronic and paper surveys. Reliable and valid instruments, Self-rated Health Scale, Physical Concern Checklist, CES-D, and Parenting Sense of Competence Scale were used. Descriptive, Pearson and Phi correlations were applied to answer research questions. Results showed that mothers had high educational level, 60.0% were primiparas, 70.7% delivered vaginally, 91.3% received traditional Chinese postpartum care, and 5.4% had postpartum complications. Only 65.4% of mothers considered health as good or excellent. Mean physical conditions within 2 months postpartum was 5.03. More than half of mothers experienced breast/nipple problems, physical exhaustion, lack of sexual desire, interrupted sleep, and decreased memory at different time period. Mothers who received postpartum care had lower prevalence of physical conditions. Mothers had low maternal competence and 23.3% of mothers had potential of being depressed. Parity and length of stay in the U.S. were related to maternal competence. Baby’s age was related to physical health. Physical health, depressive symptoms, and maternal competence were correlated with each other. Healthcare professionals should provide cultural postpartum care for its positive effects on physical health. Strategies that can improve mothers’ mental health and maternal competence should be applied. Future studies should view health in a holistic way, and focus on the predictors and cultural differences.
Preparing the Future Nursing Workforce: A Pilot Study Examining Stressors and Nursing Student Success

Presenting Author: Ann Malecha PhD
Address: 23 Foster's Green Drive
Sugar Land, Texas 77479
USA
Ph: Fax:
Email: AMalecha@mail.twu.edu
Institution: Texas Woman's University

Author List:
Ann Malecha
Ann Malecha

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The main objective of this pilot study is to identify the type, extent, and temporal sequencing of various stressors associated with nursing student academic success. In the fall of 2006, junior I nursing students were recruited to participate in a 4-year longitudinal cohort study that will examine personal and interpersonal stressors, such as depression and verbal abuse, and their association with retention and attrition. Research participants (junior I nursing students) were interviewed during the first week of fall 2006 semester, during first week of spring 2007 semester, and at the end of the spring 2007 semester. A multivariate approach one-way repeated measures of variance will evaluate mean differences between the three separate time measurements. Additionally, data will be compared between those participants who remain in the nursing program and those who leave the program. Application for external funding will be made in order to extend this Year 1 data collection into Years 2, 3, and 4.

Back to Top
Perceptions of Transactions With Nurse Practitioners and Weight Loss In Obese Adolescents

Presenting Author: Rae Wynelle Langford EdD
Address: 1130 John Freeman Blvd
Houston, Texas 77030
USA
Ph: Fax: 713 721-6914
Email: raelangford@mail.twu.edu
Institution: Texas Woman's University

Author List:
Rae Langford
Rae Langford

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Adolescent obesity presents a growing health care challenge. Literature reveals no consistently successful long term treatment approaches but does suggest that active participation by the adolescent might be a key to the success of any approach. King’s goal attainment theory served as a framework for this descriptive study which examined the relationship between transaction levels with nurse practitioners and weight loss among overweight adolescents who had been followed for at least one year in a nurse practitioner managed clinic in Southeast Texas. Recruitment of 60 participants for an estimated power of .80 with a moderate effect size proved to be a challenge as many obviously overweight adolescents had no documentation of diagnosis or treatment. Other potential participants were in denial of the problem and declined to participate in a study about “being overweight”. Data collection was expanded to a second clinic and extended for a year. A final sample of 36 predominantly Hispanic female, overweight adolescents, aged 11-18 were ultimately included in the study. Most had been followed for at least two years. The adolescents reported generally positive perceptions of their transactions with the nurse practitioners in both clinics. The majority also had increasing body mass indices as they aged. No significant relationship was found between transactions and weight loss. Findings did reveal several obesity related problems among the sample including elevated cholesterol levels, hypertension, diabetes and acanthosis. Documentation of weight management in the medical records was spotty at best. Evidence revealed that the adolescents were not routinely scheduled for follow up and management of weight or weight related problems and no consistent treatment approaches for weight management were recorded. Implications for practice include the need to implement a standard approach to the diagnosis and management of growing weight problems in adolescents.
Maternal Caregivers of Children Undergoing Hematopoietic Stem Cell Transplant: Patterns of Distress in the Hospital

Presenting Author: Sharron L. Docherty PhD
Address: Box 3322 DUMC Duke University School of Nursing
Durham, NC 27710
USA
Ph: Fax:
Email: sharron.docherty@duke.edu
Institution: Duke University

Author List:
Lawrence Landerman
Julie Thompson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Maternal caregivers of infants and children hospitalized for treatment of a life-threatening illness experience marked distress. The inter-relationship of different types of distress is not known. This study will examine the inter-relations of types of maternal caregiver distress (anxiety, depression, stress due to parental role alterations, and post-traumatic stress symptoms) and whether patterns of distress differ based on maternal and child characteristics and illness severity.

The sample will include 53 mothers of infants and children hospitalized to receive a hematopoietic stem cell transplant (HSCT) for a hematologic, oncologic, metabolic or mucopolysaccharide disorder. This sample is a subset of mothers enrolled in a larger, longitudinal, study of maternal caregivers of children post HSCT currently being conducted at a teaching hospital in a southeastern state. The data for this analysis will consist of the first time point of the larger longitudinal study, which occurs at 1 to 5 days prior to HSCT.

Mothers ranged in age from 22 - 51 years with a mean age of 35.5 years. Race was distributed as: 79.2% Caucasian, 13.2% African American, 3.8% Hispanic, 1.9% Asian and 1.9% other. The infants and children were scheduled to undergo HSCT for two broad groups of illnesses: 1) hematologic malignancies, solid tumors, bone marrow and immune system disorders, 2) inherited metabolic disorders. Ward’s method of cluster analysis will be conducted on self-report measures of anxiety, depression, stress, and post-traumatic stress symptoms to search for sub-groups showing similar patterns of caregiving distress. A discriminate function analysis will be used to confirm the number and significance of the clusters and to look for Eigen values > 1.0. An ANOVA will be used to test for cluster differences related to child severity of illness, illness category, and maternal levels of worry and mastery. This data analysis will be completed by November 2006.
Assessing Student Use of Personal Digital Assistants

Presenting Author: Karen Sheffield O'Brien MSN, ACNP-BC
Address: 108 Dahlia
Lake Jackson, Texas 77566
United States
Ph: Fax:
Email: klobrien@utmb.edu
Institution: University of Texas Medical Branch

Author List:
Karen O'Brien

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Technology is driving force in the world today. In the realm of nursing, each nurse is required to utilize technology in a variety of ways including patient assessment and monitoring, documentation, continuing education, evidence based practice and information retrieval. The amount of information available in electronic form is astounding. One efficient method of accessing these documents is the personal digital assistant (PDA). PDA’s come in different styles, designed for different types of uses and users. They are small, light weight, and convenient and becoming more common and necessary everyday.
In order for the nurses to provide evidenced based patient care, he or she must be able to access the available information efficiently. Some nurses are able to integrate new technologies easily and become proficient utilizing the hard and software required. Others are slower to adopt the new innovations, and as a result, are unable to access information as easily as the early adopters. This project seeks to identify how nursing students utilize PDA’s and examine if one’s learning style plays a part in ease of adopting a new innovation or increases difficulties developing the skill necessary for the use of an innovative tool.
Using a survey assessing self-reported computer skills at the beginning of BSN education, repeating this survey near the end of their education as well as assessment of technology innovation acceptance provided the data for this study. Exploratory statistics for PDA uses, problems associated with PDA use, and typical ways students find assistance with technology are discussed. Regression statistics are utilized to examine the possible relationship between learning style and perceptions on adoption of innovations and PDA use.
Abstract ID: 344

Psychometric testing of the short version of the smoking self-efficacy survey

Presenting Author: Huey-Shys Chen
Address: 312 Radisson Place
Oviedo,
USA
Ph: Fax:
Email: chuey@mail.ucf.edu
Institution: University of Central Florida

Author List:
Huey-Shys Chen
Huey-Shys Chen

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psychometrics/Instrumentation

Abstract:
Cigarette smoking is a major health-risk behavior world-wide and is highly prevalent among adolescents in Taiwan. Earlier onset of cigarette smoking leads to more life-years to use tobacco, which contributes to an increase in the risk for a range of serious health consequences.

Objectives: To examine the psychometric properties of the short version of the Smoking Self-Efficacy Survey (SVSSES). Design and Methods: The short version of the Smoking Self-Efficacy Survey (SVSSES) was administered to 571 adolescents aged 13 to 17 years who were recruited from two junior high schools in Taipei. A random cluster sampling method was used in this study.

Findings: Reliability was supported by Cronbach's alpha coefficient, 0.97. The concurrent validity of the SSE scale was supported by high correlation between scores from the original scale and the short version of the scale (r = 0.99). Principle component analysis procedure was applied to determine the construct validity of the SVSSES. Three distinct components emerged accounting for 74.32% of the total variance with alpha of 0.96. The correlation coefficient between the SSE scale and revised SSE scale is 0.99. The construct validity using comparison groups approach was supported by significant differences in the SVSSES total scores among three different smoking groups (p<0.001).

Conclusions- It supported that the short version of the Smoking Self-Efficacy Survey was reliable and valid as the original scale. However, for a newly developed scale further research will be needed to validate the SVSSES with different populations and settings.
Efficacy of Community Health Worker Roles in Research With Public Housing Neighborhoods

Presenting Author: Jeannette O. Andrews PhD, APRN, BC
Address: EB 204, Department of Biobehavioral Nursing 997 St. Sebastian Way, Medical College of GA
Augusta, Ga 30912
US
Ph: Fax: 7067210655
Email: jandrews@mcg.edu
Institution: Medical College of Georgia

Author List:
Jeannette Andrews
Jeannette Andrews

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Medical College of Georgia
-American Legacy Foundation
-Georgia Cancer Coalition

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Background: Because of their extreme oppression and powerlessness, poor African Americans living in public housing neighborhoods may represent one of the most vulnerable populations in the US. Community partnerships that utilize indigenous community health workers (CHWs) have shown promise in building community competence with behavior and social change in some underserved populations. However, the efficacy of CHW roles have not been established for urban, public housing neighborhoods.

Purpose: To explore the efficacy of CHW roles used in research studies conducted in urban, Southeastern US public housing neighborhoods.

Methods: A critical synthesis of the researchers’ experiences and outcome data from a series of descriptive and experimental studies will be used to analyze the efficacy of CHW roles. Research studies have been conducted in sixteen public housing neighborhoods and have utilized CHWs in the following roles: 1) liaisons between community members and researchers; 2) cultural mediation; 3) outreach; 4) recruitment and retention; 5) data collection; 6) social support provision; and, 7) behavioral counseling.

Findings: A clear description of the functions, expectations, and skills were needed when developing and utilizing the CHW role. While some roles only required the instinctive socio-cultural expertise of the CHW (i.e., liaison, cultural mediator, and outreach), adequate training and supervision were needed for CHWs who assisted with recruitment, data collection, and behavioral counseling. Generally, pairing the CHWs in groups of two to three was more effective than working in isolation to facilitate accountability, provide diversity in skill mix, and sustained motivation. The CHWs demonstrated significant outcomes in all roles with the exception of behavioral counseling. However, when CHWs were matched with health professionals to provide behavioral counseling, the results were more favorable.

Discussion: Understanding the efficacy of CHW roles, along with challenges and strategies in the utilization of CHWs, provides important implications for future community based research.
Abstract ID: 359

Thermometry Comparison

Presenting Author:  Amber Dawn Clayton BSN
Address: 1216 San Jacinto Ave
Texas City, texas 77590
usa
Ph: Fax:
Email: adclayto@utmb.edu
Institution: University of TX Medical Branch

Author List: Amber Clayton

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Body temperature is a prognostic marker for infection, disease, or decreased thermoregulatory function during the perioperative period. Hypothermia during the postoperative phase can be uncomfortable for the patient, and is associated with negative outcomes such as: delayed awakening, prolonged paralysis, shivering, untoward cardiac events, impaired clotting, and impaired wound healing (ASPAN 1998; Cattaneo, et al., 2000; Suleman, 2002). Hyperthermia, on the other hand, may indicate infection, early sepsis, thyroid storm or can be a sign of malignant hyperthermia. (Beare & Myers, 1994; Holmes, 1997).

Nurses in the Post Anesthesia Care Unit (PACU) need a reliable, accurate, and safe method to measure body temperature. With a patient population that is generally unable to cooperate with the use of an oral thermometer, tympanic thermometry is currently in use in the PACU. Although this method has been accepted into general practice for some time, the reliability and accuracy of this device continues to be debated. (ASPAN, 1998; Fisk & Arcona, 2001; Yaron et al., 1995).

The purpose of this comparative study was to assess the accuracy of three temperature measurement devices: the temporal scanner, the tympanic, and the electronic axillary compared to the pulmonary artery temperature. A convenience sample of 100 post cardiac surgery patients who have a pulmonary artery (PA) catheter in situ were recruited. Intraclass correlation was used to determine the levels of agreement between the types of thermometer as compared to the gold standard.

The results of this study showed that the most accurate noninvasive temperature readings were obtained using the tympanic thermometer with the measurement taken in the right ear. This was followed closely by the axillary method, using an oral electronic thermometer in the axillary mode.

Back to Top
PURPOSE: The purpose of these secondary analyses was to identify differences in the attributes of chronic obstructive pulmonary disease (COPD) patients based on self-reported health and GOLD classification of COPD severity.

METHODS: The data come from a cross-sectional study of predictors of functional performance in COPD patients (n = 119, age = 68 ± 8 years, 53.8% male). The attributes under investigation in this study were age, functional performance, comorbidity, pulmonary function (measured as FEV1 % pred), anxiety, depression, happiness, life satisfaction, mastery, and social support. One-way ANOVA and Kruskal-Wallis analyses were performed. Statistical significance was set at p < .05.

FINDINGS: Six attributes showed significant differences among groups for the measure self-reported health: functional performance, F (3, 115) = 11.77; comorbidity, F (3, 115) = 3.61; mastery, F (3, 115) = 6.62; depression, F (3, 115) = 12.30; happiness, chi-square (Kruskal-Wallis) = 14.95, df = 3; and life satisfaction, chi-square (Kruskal-Wallis) = 19.17, df = 3. Three attributes showed significant differences for the variable GOLD classification of COPD severity: FEV1 % pred, F (3, 115) = 216.67; age, F (3, 115) = 3.06; and functional performance, F (3, 115) = 2.98. Post-hoc analyses were done for each significant finding.

DISCUSSION: This study used both subjective and objective health ratings to explore differences in patient attributes. The patterns of significant findings were different between the two types of ratings. Most of the variables with significant differences on the subjective rating self-reported health (mastery, depression, happiness and life satisfaction) have large psychosocial components. The differences in GOLD classification categories for FEV1 % pred and age are not surprising in light of the physiologic basis of the GOLD classification system. Functional performance, the only attribute significant for both health ratings, has both physiologic and psychosocial components.
Fathers of Preterm Infants: Maternal Views of Supportive, Conflictual, or Absent Relationships

Presenting Author: Margaret S. Miles PhD
Address: Carrington Hall, CB #7460
Chapel Hill, NC 27599-7460
USA
Ph: Fax: 919-843-9969
Email: mmiles@email.unc.edu
Institution:

Author List:
Margaret Miles
Margaret Miles

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose. The purpose of this paper is to describe the perception of mothers of preterm infants regarding their relationship with the baby's father. Method. This paper is part of a larger Nursing Support Intervention with rural African American mothers with preterm infants. Nurses provided hospital, home-based, and telephone support to mothers for up to 18 months after birth. Extensive field notes were recorded after each contact. Among the information recorded information about the baby's father and his relationship with the baby and the mother. Content analysis was used to identify key themes regarding these relationships. Preliminary findings. There were three groups of mothers: those who had a supportive, ongoing relationship with the father (some, but not all were married); those who reported conflicts with or related to the father that were stressful; and those with little or no contact with the father. The conflictual group were stressed by their desire for a continued personal and romantic relationship with the father and/or by their desire for the father to provide parenting support or money for the child's care. Conclusions. Fathers are important to the development and behavioral outcome of children. This may be especially important for preterm infants who are at-risk on many levels. Information about fathers relationship with the mothers and the infants may help guide future research and intervention in this area.
Principles and Practices of Adult Education in an Accelerated Nursing Program for Non-Nurse College Graduates

Presenting Author: Theresa Marie Doddato EdD, CRNA
Address: University Medical Center School of Nursing 2500 North State Street
Jackson, MS 39216
USA
Ph: Fax: 601-815-4119
Email: tdoddato@son.umsmed.edu
Institution: University of Mississippi

Author List:
Theresa Doddato
Theresa Doddato

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
PRINCIPLES AND PRACTICES OF ADULT EDUCATION IN AN ACCELERATED NURSING PROGRAM FOR NON-NURSE COLLEGE GRADUATES

Theresa M. Doddato, EdD, CRNA, Associate Dean for Administrative Affairs
University of Mississippi School of Nursing
Jackson, Mississippi

Purpose: The purpose of the study was to examine the extent to which principles and practices of adult education are incorporated and utilized in the program design and structure of an accelerated nursing program for non-nurse college graduates.

Research Questions: To what extent were the principles and practices of adult education incorporated and utilized in the program design and structure of an accelerated nursing program for non-nurse college graduates? What are the knowledge, assumptions and experience with the principles and practices of adult education on the part of the faculty, administrators, students and recent graduates? What are the issues and problems surrounding the use of adult education principles and practices in this context?

Methodology: An interpretive case study was conducted over a nine-month period of time at a private university school of nursing. Multiple data sources were used including questionnaires, field test groups, interviews, and document review. Content validity of the questionnaire was established via field test groups. Reliability was assessed for internal consistency using Cronbach's Coefficient Alpha of .7. The data was subjected to descriptive statistics, which included mean and standard deviation, ANOVA and post hoc analysis, factor analysis, and content analysis of relevant documents.

Findings: All the adult education principles were found in this setting albeit to varying degrees.

Implications: The findings suggest the need for multi site studies to further investigate the variables associated methods that foster empowerment, self-directed learning and critical thinking.
Predictive Accuracy of the HESI Exit Exam on NCLEX-RN Pass Rates and Effects of Progression Policies on Nursing Student Exam Scores

Presenting Author: Carolyn Cohen Lewis Ph.D, RN, CNE
Address: 4123 Co. Rd. 949K
        Alvin, TX 77511
        USA
        Ph: Fax:
        Email: tdrabbit56@earthlink.net
Institution: St Lukes Episcopal Health System

Author List:
Carolyn Lewis
Carolyn Lewis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: Sigma Theta Tau Beta Beta Houston Chapter
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
A common problem shared by nursing faculties involves predicting student success on NCLEX and establishing program-specific policies designed to maintain NCLEX pass rates. This study assessed the predictive accuracy of the 2001-2002 HESI Exit Exam (E2) on licensure exams and explored the effects of progression policies on student performance. Two research questions were:
1. What is the predictive accuracy of the E2 on NCLEX success?
2. Are there significant differences between E2 scores of students enrolled programs that have adopted progression policies and those enrolled in programs that have not adopted such policies?

Many nursing faculty rely on the E2 to predict NCLEX outcomes. Some faculty tie student E2 score to progression policies as a means to protect NCLEX pass rates and implement remediation strategies to better prepare students for NCLEX success. The predictive accuracy of the exam is the basis for establishing progression policies.

A descriptive retrospective research study was used to assess the E2’s predictive accuracy. Student and school names were removed prior to database access. A t-test compared 9,695 student scores from 182 schools using designated E2 student scores for progression with student scores from schools without such policies. The research design lacked control over intervening factors that may have occurred between the E2 administration and administration of the NCLEX-RN. Such factors may have influenced the predictive accuracy of the E2 by causing either increased or decreased student performance on the NCLEX-RN.

The E2 was 97.8% accurate in predicting NCLEX success. Students in the progression policy group performed significantly (p < .0005) better than students with no policy attached to E2 score. Results shed light on designation and use of E2 scores in progression policies for support of program outcomes.
The FACT-G is a cancer-specific health-related quality of life (HRQL) instrument used across cancer populations. We examined the psychometric characteristics of the FACT-G in adult patients with MC (n =212) or HM (n=73) with good performance status (PS). Patients (N=285) enrolled in phase II clinical trials and associated HRQL studies completed a survey prior to investigational therapy. HRQL measures included 1) FACT-G and 2) Short Form-36 Survey (n=192; SF-36). The Symptom Distress Scale (n=166; SDS), a measure of the degree of cancer symptom discomfort was also completed, with higher scores indicating greater distress. Descriptive statistics summarized FACT-G subscale (physical (P), social (S), emotional (E), functional (F)) and total scores. Internal consistency reliability was estimated using coefficient alpha. Construct validity was assessed by (1) examining relationships between FACT-G scores and SF-36 and SDS scores using Pearson correlations and (2) determining whether FACT-G scores differed between MC and HM patients using multivariate analyses of variance. Most patients were male (60%), Caucasian (81%) or Hispanic (10%), on average 47 +/- 12 years of age with ECOG status 0 (86%). MC patients had metastases to the peritoneum or liver (56%) or stage IV melanoma (44%). HM patients had acute (18%) or chronic (40%) leukemia, lymphoma/multiple myeloma (30%) or myelodysplastic syndrome (12%). FACT-G mean scores ranged from 59-75 (higher scores=better HRQL). Coefficient alpha estimates were >/=.70 for FACT-G scores except S scores in HM group. FACT-G scores were positively correlated with SF-36 scores (r = .17 to .69; p<.05). Negative correlations were found between FACT-G and SDS scores (r = -.30 to -.78; p<.01). HRQL of groups differed (Pillai’s Trace =.071, F(5,279)= 4.2, p=.001) with HM group scoring higher on E (p=.006). Results suggest FACT-G is reliable and valid for use in cancer patients with MC or HM with good PS prior to investigational therapy.
Abstract: A foundation of information literacy prepares Baccalaureate students for a career anchored in evidence-based practice (EBP). This study was designed to evaluate the effectiveness of a program designed to promote a culture of EBP at the student level to infuse evidence seeking as standard practice. Competence in using information technology and information-seeking for locating research critical to patient care is a key educational skill. Nursing faculty and librarians collaborated on this project to design an effective program to equip students with essential skills.

The intervention for this program occurs at two points in the BSN curriculum. During the first semester students are oriented to technology, information resources, and search strategies helpful for locating evidence for patient care. Sessions organized around clinical scenarios introduce students to a variety of tools including print resources, electronic book collections, CINAHL and Medline. In the senior year, students review searching skills and are introduced to other databases including PsycInfo, Sociological Abstracts, and the Cochrane Library. Students conclude the experience by applying skills learned by searching for evidence on a clinical scenario. These activities prepare students for clinical assignments and classroom activities which are threaded throughout the curriculum in each course and clinical experience.

Activities provided in these courses are designed to develop students information literacy skills in the quest for knowledge that places evidence as a standard part of their practice. Integrating information literacy into the curriculum helps give students the appropriate skills at the time of need to optimize learning and to illustrate how evidence fits into nursing practice. A self-report instrument was used to collect data on the effectiveness of the program in preparing students with skills for information-seeking for EBP. The outcomes of this study will be presented and discussed with recommendations for future applications.
Abstract ID: 424

Adaptation of an HIV prevention curriculum for older African American women

Presenting Author:   Judith Belinda Cornelius DNSc

Address: 259 Derosa Drive
Hampton, Va 23666
USA
Ph: Fax:
Email: cornajas@aol.com
Institution: University of North Carolina at Charlotte

Author List:
Judith Cornelius
Judith Cornelius

Financial Discloser:   Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:   Cleared: Yes

Abstract Subject:   Minority Health

Abstract:

Adaptation of an HIV Prevention Curriculum for Older African American Women
Judith Bacchus Cornelius, DNSc, RN, Sara LeGrand, MS, Delilah McDonald, BS
University of North Carolina at Charlotte

Background: The number of older African American women (50 years of age and older) infected heterosexually has been rising at a rate higher than any other group. As these women enter menopause, they often cease to use many methods for preventing pregnancy that are also effective against transmission of HIV. Many have never considered that they need protection from HIV and are generally less aware of how to protect themselves against the virus. HIV-risk reduction programs have targeted only gay or younger individuals and not older women. Because of the lack of randomized controlled studies on HIV prevention in this population, there is a need to conduct preliminary research to pilot HIV prevention intervention strategies to reduce the risk of HIV among older African American women.

Objectives: The broad objective of this research was to adapt an HIV prevention intervention curriculum for older African American women (50 years of age and older) using the Sisters Informing Sisters on Topics about AIDS (SISTA) HIV prevention intervention curriculum for younger African American women. Methods: Thirty (N = 30) older African American women in Charlotte, North Carolina were recruited to participate in focus group sessions to inform how the SISTA curriculum could be adapted and modified for older women. Results: The women were receptive to the SISTA curriculum and provided modifications to inform the design of an age-specific, culturally-specific, theory-driven HIV risk reduction program for older women. Implications: Based on the focus group findings, Woman, a Safer Sex Risk Reduction HIV prevention intervention for older women, will be pilot tested for effectiveness in future research among this age group.
COMPARISON OF OUTCOMES OF COMMUNITY-BASED VERSUS TRADITIONAL BASIC BACCALAUREATE PROGRAMS: REPORT OF FINDINGS OF THIRD YEAR OF PILOT STUDY

Presenting Author: Judith P. Ruland PhD
Address: 831 23rd Ave,
New Smyrna Beach, FL 32169
USA
Ph: Fax:
Email: jruland@mail.ucf.edu
Institution: University of Central Florida

Author List:
Judith Ruland
Judith Ruland
Nancy Ahern

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

Grants/Research Support:
-National League for Nursing

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Purpose: While much is published about the benefits of community-based nursing education (CBNE), less work demonstrates measurable outcomes of CBNE’s effectiveness when graduates enter the reality of hospital nursing. The purpose of this paper is to examine the efficacy of CBNE in the face of today’s nursing shortage.
Method: This study compared 300 students of two CBNE nursing curricula with 150 students from two traditional BSN programs. Standardized measures of educational outcomes data were collected within a month before graduation. Six measures were used including the HESI Exit exam, and five surveys including the Clinical Skills Self-Efficacy Measure (CSSE), Professional Self Concept Nursing Inventory (PSCNI); Cultural Self-Efficacy Scale (CSES); Beliefs Related to Professional Nursing Competencies (BRPNC); and Civic Engagement Assessment (CEA).
Findings: All students attended state supported schools and showed no significant difference in demographic background or academic history. The traditional BSN group scored significantly better in the areas of NCLEX readiness (HESI); clinical skills self-efficacy (CSSE); and professional self concept (PSCNI). CBNE students scored significantly better in the areas of civic engagement (CEA), and the attitudes which represent the 17 nursing competencies identified by the PEW Health Commission (BRPNC). No significant difference between groups was seen for cultural self efficacy (CSES).
Discussion: Findings indicate a difference in the learning outcomes of CBNE and traditional BSN education. While the CBNE graduates were more proficient in the attitudes described as desirable by the PEW Health Commission and in civic engagement, they were less proficient in the areas of clinical skill self efficacy, professional self concept, and knowledge needed to practice in the acute care setting, where 99% of all new graduates practice. This pilot study will be used as the basis for a national study to further define differences in curricular outcomes. These findings may guide curricular decisions in baccalaureate education.
Abstract ID: 428

An Analysis of Spiritual Expression and Spiritual Care

Presenting Author: Anne Elizabeth Belcher PhD
Address: 525 North Wolfe Street
Baltimore, MD 21205
USA
Ph: Fax: 410-955-7463
Email: abelche2@son.jhmi.edu
Institution: Johns Hopkins University School of Nursing

Author List:
Anne Belcher

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
The purpose of this study was to determine the extent to which nurses express their spirituality in hospital settings and are able to integrate spiritual care into their professional role. The research design was qualitative; subjects were asked to complete a demographic data form and an open-ended questionnaire which necessitated their addressing issues with regard to personal and professional expressions of spirituality. Data were analyzed using a content analysis method to measure the frequency, order and/or intensity of responses. The presentation will focus on identified themes and their impact on quality of care; overall nurses reported that they were not well prepared to provide spiritual care. The authors suggest "best practices" in spiritual care education, clinical care, and research.

Back to Top
Almost Normal: The Lived Experience of Adolescents with Implanted Defibrillators for Life Threatening Cardiac Arrhythmias

Presenting Author: Vicki L Zeigler
Address: 1637 Anchor Way
Azle, TX 76020
USA
Ph: Fax: 8172700104
Email: vickize@msn.com
Institution: Texas Woman's University

Author List:
Vicki Zeigler
Vicki Zeigler

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: SNRS
FDA Disclosure: Cleared: Yes

Abstract: Adolescents who receive implantable cardioverter defibrillators (ICDs) resulting from life-threatening cardiac arrhythmias are at risk for psychosocial adjustment-related difficulties. The purpose of this study was to describe the lived experience of adolescents with ICDs. Specific aims included eliciting descriptions of the experience by identifying shared practices and common meanings and determining if factors such as receiving a shock affected those life experiences. The specific research question was: What is the meaning of living with an ICD in the adolescent period of human development? Knowledge gained from this study provided evidence for building more sensitive nursing interventions aimed at promoting a positive ICD experience and contributed to an identified gap in knowledge regarding what it is like to experience a life-threatening cardiac condition in adolescence. A qualitative, phenomenological approach was used for the study. Purposive sampling was used for recruitment and audiotaped, semi-structured interviews were used for data collection. Saturation was reached after 14 interviews. Colaizzi’s method was used for data analysis and scientific rigor was demonstrated using the criteria of trustworthiness and authenticity. The overall essence of living with an ICD in adolescence was Almost Normal. The findings indicated that adolescents with ICDs experienced a life-altering event that required immediate lifestyle alterations and adjustments. Despite experiencing a temporary loss of control, the adolescents were resilient with a positive sense of self. They were at risk for depression after ICD implant and experienced social isolation/bullying. Nursing recommendations include: a) shifting to viewing the adolescent first and the disease second, b) investigation of the factors that promote resilience in these adolescents and factors that contribute to depression, and c) a revised curriculum that teaches students to view adolescents through a normalization versus an illness lens. Nurses should use their political power to seek solutions to social isolation/bullying in children with chronic illness.
Back to Basics: Nursing interventions that decrease ventilator acquired pneumonia (VAP).

Presenting Author: Anna Marie Edwards BSN student
Address: 2153 Donelson Parkway
Dover, TN 37958
US
Ph: Fax: 270 809 6662
Email: annamarie7979@aol.com
Institution: Murray State University

Author List:
Anna Edwards
Anna Edwards

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

Grants/Research Support:
-McNair Scholar Program

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: To recognize the benefits of basic nursing interventions and their significance in decreasing Ventilator associated pneumonia (VAP) and evaluate the impact of using the VAP Bundle in delivering quality nursing care.

Research Question: Is Ventilator associated pneumonia (VAP) preventable with the implementation of the VAP bundle?

Significance/Background: Basic nursing interventions can decrease and possibly eradicate VAP, which is the most common and lethal nosocomial infection. As part of its 100,000 Lives Campaign, The Institute for Healthcare Improvement (IHI) advocated the use of live-saving interventions (bundles) to reduce or prevent VAP. After VAP Bundle was implemented at this facility, and this research examines the VAP occurrence rate and nurses’ perception of the implementation process.

Method: Prevalence aggregate data was examined to determine the implemented Ventilator Bundle’s effectiveness in decreasing the occurrence rates of VAP. Nursing staff (n=30) were surveyed to gain their perspective of the VAP bundle implementation process.

Design: A quantitative, retrospective cohort study of all ventilated patients NNIS score calculated from February 1, 2006 - July 31, 2006 and a descriptive study of nurses’ perception of the VAP bundle implementation process in a small, rural hospital in the south central United States to determine the effectiveness of a Ventilator Bundle project on patient outcomes.

Findings: Preliminary findings suggest the NNIS risk index rate decreased from 9.85% to 2.67%. Nursing reports correlate VAP bundle implementation with favorable process and clinical outcomes. Implementation of VAP bundle has significant benefits to increasing positive patient outcomes.
Maternal/Fetal Attachment: Associations among Family Relationships and Maternal Health Practices

Presenting Author: Debra Cunningham Facello MSN, Perinatal Specialist
Address: 115 Hanson Dr.
St. Clairsville, OH 43950
USA
Ph: Fax:
Email: Debfacello@aol.com
Institution: West Virginia University

Author List:
Debra Facello
Debra Facello

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: The primary aim of this study was to evaluate the relationships among family relationships, maternal/fetal attachment, and maternal health practices. The specific research questions were: 1. Are there relationships among family relationships, maternal health practices, and maternal/fetal attachment? 2. What are the predictors of maternal health practices? 3. What are the predictors of maternal/fetal attachment?

Method: Participants were recruited from WIC clinics and a hospital outpatient obstetrics clinic. Participants placed their name, address, and age in a locked box. Names were collected and packets mailed along with a two dollar bill as incentive. A sample of 30 pregnant women was recruited. Family relationships were measured using the FACES IV scales developed by Olson. Maternal health practices was measured using the Health Practices in Pregnancy Questionnaire-II (HPQ-II) developed by Lindgren and maternal/fetal attachment was evaluated using the Maternal Antenatal Attachment Scale (MAEAS) developed by Condon.

Findings: The women ranged from ages 18 to 36, predominately white, and low income. The majority were married or living together and completed high school. Research question 1 was supported by bivariate correlation results. Family relationships, maternal/fetal attachment, and health practices in pregnancy were all positively correlated. Positive correlations between the MAEAS, HPQ-II and some demographic variables were noted. Using a sample of 30, multiple regression procedures did not identify significant predictors of maternal health practices or maternal/fetal attachment.

Discussion: There is no theoretical framework or model of maternal/fetal attachment to guide research and practice. Research indicates that high maternal/fetal attachment is associated with positive neonatal outcomes but how this occurs is still unknown. The Theoretical Model of Maternal/Fetal Attachment serves to describe the process of maternal/fetal attachment. The model requires further investigation to support the proposed relationships and subsequent neonatal outcomes. Findings can then be used to generate interventions to enhance maternal/fetal attachment.
Abstract ID: 461

Early HIV detection in Nurse Managed Wellness Centers

Presenting Author: M Christopher Saslo DNSc ARNPc
Address: 5159 Club Rd
West Palm Beach, FL 33415
USA
Ph: Fax:
Email: saslo13@bellsouth.net
Institution: Florida Atlantic University

Author List:
M Christopher Saslo

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Utilization of Rapid HIV testing to identify HIV disease early in an underserved community wellness program. Through the use of rapid testing, patients are provided the opportunity to explore at risk behaviors that may lead to HIV disease transmission and thereby avoid it or identify disease early. The utilization of rapid testing is currently recommended by the Centers for Disease Control and the World Health Organization as one method to improve the early detection and treatment of HIV. With the continued rise in infections worldwide, and lack of continuity to minority populations, the ability of Nurse Managed wellness centers to provide counseling and testing for HIV can only serve to reduce the financial burden on society, improve the educational efforts of health care providers and ultimately affect long term outcomes in vulnerable populations affected by HIV.

Back to Top
Adolescent Pregnancy Prevention in Sweden

Presenting Author: Janice M Polizzi MSN  
Address: 473 Wekiva Cove Rd  
Longwood, FL 32779  
US  
Ph: Fax:  
Email: janice.polizzi@fhchs.edu  
Institution: University of Central Florida

Author List:  
Janice Polizzi

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:  
Purpose: Adolescent pregnancy continues to be a problem in the United States. One of the objectives for Healthy People 2010 is to reduce the number of adolescent pregnancies. The purpose of this paper is to review the incidence of adolescent pregnancy in the United States in comparison to the rates in Sweden and to review adolescent pregnancy prevention programs in Sweden.

Method: The method for data collection for this paper was to review statistical data related to adolescent pregnancy in the United States and in Sweden. Also a visit to Sweden was made to collect information on the pregnancy prevention programs available in Sweden.

Findings: The rates of adolescents reporting to be sexually active are very similar among the developed countries in the world. Among the developed countries, adolescent pregnancy rates remain the highest in the United States. The main focus of the adolescent pregnancy prevention programs in the United States is abstinence only. In Sweden, sex education begins in the elementary school with age appropriate information being presented and continues every year thereafter in school. Youth centers, where adolescents can receive reproductive and sexual educational services as well as mental health services, are available to all adolescents free of charge.

Discussion: It is necessary to further develop an understanding of adolescent pregnancy rates in the United States. It is also necessary to continue to develop programs that provide contraceptive education as well as abstinence information.
SECONDARY ANALYSIS OF SELF-REPORTS OF PAIN IN PATIENTS LIVING WITH HIV

Presenting Author: Linda Marie Denke MSN
Address: 6770 Whitten Drive
Shreveport, LA 71107
USA
Ph: Fax:
Email: plague44@hotmail.com
Institution: University of Texas at Arlington

Author List:
Linda Denke
Jennifer Gray

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
SECONDARY ANALYSIS OF SELF-REPORTS OF PAIN IN PATIENTS LIVING WITH HIV
Linda M. Denke, MSN, RN
and
Jennifer Gray, PhD., RN
University of Texas at Arlington
Box 19407 Arlington, TX 76019-0407
Pain, HIV/AIDS, Chronic Illness

Purpose: The purpose of this secondary analysis study is to describe the type and prevalence of pain in community clinics among patients living with HIV.

Problem and significance: In the United States (U.S.), 40,000 to 60,000 individuals are diagnosed each year with HIV. Patients’ diagnosed with HIV experience an increase in pain intensity, frequency, and debilitating effects as the disease progresses and is associated with physical and psychological distress and can contribute to poor patient outcomes.

Research question: What degree do patients with HIV perceive pain to be a problem over time?

Methodology: Patients in a large community based, county supported clinic were part of a parent study of psychosocial adjustment and medications adherence. Data related to symptoms for not adhering to medication regimes, demographics, educational level, work status, and CD4 counts, was extracted from a large database in the parent study and analyzed. Secondary analysis techniques included descriptive and correlation statistics.

Findings: Over time, reported pain did not vary significantly despite much research that shows high prevalence of pain as the disease progresses. Muscle and joint pain was reported most often as “bothersome” or “terrible”, slightly above numbness and tingling, and headaches. The number of participants in the study declined significantly (65 %) over seven visits, possibly to the point that valid statistical analysis is not possible. There are no significant differences between reported pain and CD4 counts, or race. Since this was a secondary analysis, the findings were limited by the data available. Future studies should collect data related to pain management and other pain sites and evaluate the relationship of pain to medication adherence.
An Evolutionary Concept Analysis of Healthcare Transition Among Adolescents with Chronic Illness

Presenting Author: Sigrid Ladores MSN, PNP, APRN-BC
Address: 2776 Hazel Grove Lane
Oviedo, FL 32766
USA
Ph: Fax:
Email: upennurse@bellsouth.net
Institution: University of Central Florida

Author List:
Sigrid Ladores

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose:
With recent medical and technological advances, children with chronic illnesses are now living into adulthood. This change in epidemiological profile poses corresponding challenges in meeting these youths’ unique needs. One such need is their transition from pediatric to adult healthcare. The purpose of this paper is to apply Rodgers’ evolutionary concept analysis (2000) in the context of healthcare transition among adolescents with chronic illness.

Method:
Literature review was done using databases: CINAHL, PubMed, PsycARTICLES, PsycINFO, Health & Psychosocial Instruments, and InfoTrac OneFile. Truncated key words, “transition*”, “adolescent*”, “youth*”, “chronic illness*”, and “healthcare*” were used. Date parameters were not imposed since most of the abstracts were from 1990s and onward. Forty-two sources from medicine, nursing, social work, psychology, and public health met inclusion criteria and were selected for concept analysis.

Findings:
Adhering to Rodgers’ methodological activities, twelve definitions for healthcare transition were extracted from the literature. “Process”, “multifaceted”, “purposeful”, and “movement” repeatedly surfaced in defining this concept. The main surrogate term was “transfer of care”. Related concepts included adaptation, adjustment, change, vulnerability, and integration. Attributes included continuum, flexibility, and emotional upheaval. Antecedents included the presence of a chronic illness, adolescent age, and health stability. Consequences included autonomy, independence, self-management, and competence in health-related decision-making.

Discussion:
The analysis revealed several implications for concept development and research. First, there is no published concept analysis on healthcare transition signaling the concept’s infancy stage. The tabula rasa opportunity begs for nurse scientists to examine this timely and relevant phenomenon. Only with continued study and consistent use will conceptual maturity be achieved. Second, there is a need to elicit the “voice” of these adolescents who will be, or have undergone, transitioning. An innovative venture to accomplish this goal is to study and develop a mentorship program that pairs a pre-transition adolescent with a post-transition adult.
Music Relaxation Video and Pain Control: A Randomized Controlled Trial

Presenting Author: Grace Chu-Hui-Lin Chi BSN, MSN
Address: 6540 Bellows Lane Apt #614
Houston, TX 77030
USA
Ph: Fax:
Email: u_5chi@yahoo.com
Institution: Texas Woman's University & MD Anderson Cancer Cent

Author List:
Grace Chi
Grace Chi

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Pain is a major concern for women who receive brachytherapy for gynecologic cancer. Brachytherapy is a technique for delivering radiotherapy by placing an applicator with radiation source in the vagina or uterus through invasive surgical procedure. Patients remain supine position at all time with limited log-rolling for accurate delivery of the radiotherapy three days in a shielded isolation room. Patients experienced a range of physical and psychological difficulties as a result of the treatment. However, traditional pharmacological interventions for pain relief are being challenged by an increasing demand of more holistic approaches. The purpose of this study is to examine the effect of nonpharmacological intervention of music relaxation video to patients who received intracavitary brachytherapy by utilizing injections of patient-controlled analgesia (PCA). Music and peaceful scenes may have a relaxation effect on pain perception of individual. Yet, there is no study in either music and peaceful scenery combined as a music relaxation video to cancer patients or pain control nursing intervention to intracavitary brachytherapy patients. Thus, the research question is adult female who received intracavitary brachytherapy for gynecologic cancer and received music relaxation video intervention will record fewer demanded and attempted injections of PCA. Based on Neuman’s line of resistance theory, individual system was invaded by stressors such as surgical procedure, brachytherapy, immobility and isolation, music relaxation video serves as the intervention to reconstitute and strengthen the client’s line of resistance by utilizing fewer injections of PCA. A randomized controlled trial will recruit 110 gynecologic cancer patients at a cancer treatment center. A 20-minute music relaxation video will be used three times a day for two days. Two-day PCA documentation of demanded and attempted injections will be collected for intervention and control group. Two-independent-sample t-test to examine the differences of treatment effects between groups will be used for data analysis.
Do African American, Latino, and Caucasian Parents and Children Benefit Equally from a Weight Management Intervention?

Presenting Author: Marcel Mitchell BSN Student
Address: University of North Carolina at Chapel Hill Campus Box 7460
          Chapel Hill, North Carolina 27599-7460
          USA
          Ph: Fax:
          Email: dberry@email.unc.edu
          Institution: University of North Carolina at Chapel Hill

Author List:
Marcel Mitchell
Diane Berry

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Background: Overweight is increasing African American, Latino, and Caucasian parents and children.
Purpose: The purpose of this study was to determine if African American, Latino, and Caucasian parents and children benefited equally from a weight management intervention?
Methods: A secondary data analysis was conducted on 40 parents and 40 children who received a 12-week nutrition, exercise and coping skills weight management intervention. Data collected included Body Mass Index (BMI), Body Fat Percentage (BFP), and Pedometer Steps for both the parents and children and Health Promoting Lifestyle Behaviors and Eating Self-Efficacy Scale for the parents.
Results: The experimental parents ranged from 27-60 years (M = 41.1, SD + 7.6), were 85% female, 40% African American, 32% Latino, and 28% Caucasian. The experimental children ranged from 8-16 years (M = 11.9, SD + 2.3), were 60% female, 40% African American, 32% Latino, and 28% Caucasian. At 6 months the African American, Latino, and Caucasian parents showed no significant differences in BMI (p = .69); BFP (p = .43); pedometer steps (p = .88); interpersonal relationships (p = .17); nutrition knowledge (p = .17); stress management (p = .17); socially acceptable eating (p = .27); or negative affect eating (p = .58). However, Latino parents at 6 months demonstrated a significant difference in health responsibility (p < .02) and physical activity (p < .007) compared to African American and Caucasian parents. At 6 months, the African American, Latino, and Caucasian children showed no significant differences in BMI (p = .08); BFP (p = .71); or pedometer steps (p = .25).
Conclusions: A weight management intervention with simple nutrition and exercise messages benefited African American, Latino, and Caucasian parents and children equally. However, Latino parents did report improvement in health responsibility and physical activity. Further research is needed.
Cultural Competence as an Educational Outcome for Nurses: A Systematic Review

Presenting Author: Mary G. Harper MSN
Address: 1832 South Central Avenue
Flagler Beach, FL 32136
USA
Ph: Fax: 386-676-6115
Email: mharper14@cfl.rr.com
Institution: University of Central Florida

Author List:
Mary Harper
Mary Harper

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Purpose: A systematic review was undertaken to examine the research on cultural competence as an educational outcome with nurses conducted since the Johns Hopkins Evidence-based Practice Center review of research between 1980 and June 2003.

Method: Electronic database searches using keywords “cultural competence,” “nurs*” and “education” were undertaken along with hand searches and website reviews to obtain English language research studies conducted in the United States published between July 2003 and February 2006. Seven articles were obtained for review.

Findings: The most commonly used empiric measures of cultural competence are the Inventory to Assess the Process of Cultural Competence Among Healthcare Professionals (IAPCC) or its revised version. Less than half of the studies reported a statistically significant increase in cultural competence. No studies used nurses outside of academia as participants. No studies measured patient outcomes.

Discussion: Results of studies conducted with nursing students are mixed, indicating no best method for teaching cultural competence. Study design is weak with a focus on provider outcomes versus patient outcomes. A lack of focus on intercultural communication is evident. Research is needed to compare the effectiveness of teaching strategies with practicing RNs.
Improving the Health of the Elderly: Does Spirituality and Prayer Have an Affect on Blood Pressure?

Presenting Author: Elesha Rachel Davis-Roberts RN, BSN, Graduate Student
Address: 4115 Scarletoak Dr
San Antonio, Texas 78220
Bexar
Ph: Fax:
Email: krob76@aol.com
Institution: University of the Incarnate Word

Author List:
Elesha Davis-Roberts
Elesha Davis-Roberts

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
IMPROVING THE HEALTH OF THE ELDERLY: DOES SPIRITUALITY AND PRAYER HAVE AN AFFECT ON BLOOD PRESSURE?
Elesha R. Davis-Roberts RN, BSN, Graduate Student
University of the Incarnate Word
San Antonio, Texas

One-third of African-Americans have hypertension, accounting for more than 20% of African-American deaths in the United States. Spirituality and religiosity have been linked to positive health outcomes, including reduced blood pressure in some studies. Prayer and spirituality are integral to African American culture but little is known about the effect of prayer on blood pressure among elderly African Americans.

This poster describes the effects of spirituality and prayer in a church based sample of 13 elderly African-Americans, ages 62 to 89 years. Using a quasi-experimental design, two interventions were studied: participation in a weekly group bible study prayer service and nurse facilitated prayer delivered daily by telephone over a five day period. Measurement tools included assessment of perceived spirituality using the Spiritual Perspective Scale (Reed, 1986) and sitting blood pressure following standard guidelines. Blood pressure was measured before and after group bible study prayer and before and after nurse-facilitated prayer over a three-week period.

Findings revealed a high level of spirituality among participants. Blood pressure was significantly lower from baseline to three weeks post intervention. Anecdotally, participants stated their health improved after both interventions. Further study of nurse facilitated prayer in improving blood pressure control with larger samples is needed.
Multi-Site Randomized Clinical Trial of Horizontal Positioning to Prevent and Treat Pulmonary Complications in Mechanically Ventilated Critically Ill Patients: Hemodynamic Substudy

Presenting Author: Shannan K. Hamlin
Address: 6565 Fannin ST NB1-087
Pasadena, Texas 77505
USA
Ph: Fax:
Email: shamlin@tmh.tmc.edu
Institution: University of Texas Health Science Center Houston

Author List:
Shannan Hamlin
Shannan Hamlin
Sandra Hanneman

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: Mechanically ventilated patients are at risk for developing preventable pulmonary complications (PPC) from immobility. This research is for (1) a pilot study of a randomized clinical trial (RCT) of the efficacy and safety of horizontal positioning to reduce PPC in mechanically ventilated patients, and (2) a substudy of hemodynamic response to the turning interventions. Specific aims include: (1) test the feasibility of manual and automated turning interventions; (2) compare turning-related adverse events; (3) determine preliminary effect size estimates; (4) estimate reliability of primary outcome measure; (5) evaluate ability to obtain secondary outcomes data; (6) evaluate study procedures and develop the operations manual for the RCT; (7) evaluate the RCT data analysis approach; and (8) describe hemodynamic response to turning interventions.
Design: A two-group (manual or automated lateral rotation) randomized experimental design for the RCT, and a 24-hour time-series design for the hemodynamic substudy.
Setting: St. Luke’s Episcopal Hospital and The Methodist Hospital intensive care units (ICUs) in Houston, Texas.
Sample: 40 mechanically-ventilated patients for the pilot study; 38 for the hemodynamic substudy.
Interventions: Turning interventions include manual 2-hourly ≥ 45° turning and automated continuous turning to 45° using a specialty bed.
Methods: Randomly selected patients will be randomly assigned to control (manual) or experimental (automated) turning group and followed until (1) consent revoked, (2) mechanical ventilation discontinued, (3) transfer from ICU, (4) death, or (5) 30 days in the study.
Data Analysis: Survival analyses will be used to compare time to PPC development in the prevention arm, and growth curve modeling to analyze PPC progression and resolution in the treatment arm and mixed models analysis of variance (ANOVA) for repeated measures to compare the change in these scores over time between groups. Autocorrelation function and repeated measures one-way ANOVA will be used to analyze hemodynamic response to the interventions.
The Lived Experience of the Spouse of a Transplant Recipient: The Story of the Journey

Presenting Author: Jo Stecher MA, RN, BC, CCTC, PhD Student
Address: 633 Astarias Circle
Fort Myers, Florida 33919
USA
Ph: Fax:
Email: jopardoe@cs.com
Institution: FGCU (Instructor) FAU (Student)

Author List:
Jo Stecher
Jo Stecher

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The Lived Experience of the Spouse of a Transplant Recipient: The Story of the Journey

Jo Stecher, MA, RN, BC, CCTC
Doctoral Student
Florida Atlantic University

Purpose: Studies have been done on transplant recipients’ experiences, although there is a void in the literature regarding their spouses’ experiences. Spousal or caregiver strain has been reported in areas other than transplant. This phenomenological study was done to explore and share these experiences. IRB approval was met for FAU’s human subjects’ protection.

Research Question: “What is the lived experience of moving through the transplant experience as a spouse of a recipient?” There were 5 specific interview questions.

Methods: Using the middle range theory of “attentively embracing story,” and Rogers’ Science of Unitary Human Beings as a nursing framework, individual interviews were conducted with 2 spouses of patients who had received liver and kidney transplants. Interviews were tape recorded to ensure accuracy of the transcription. Questions asked of each spouse varied but each one started with reflections of how they are feeling at that moment.

Findings: The preliminary findings revealed the feelings of the spouses of liver or kidney transplant recipients did not vary, although the spouses of the liver transplant recipients had described their stress as lasting longer overall. It further revealed similar themes in both groups of spouses such as vulnerability, fear, stress, coping, and finally hope and relief.

Conclusion: These early results support the need for continued research in the area of spousal and caregiver experiences. The themes discovered from these stories revealed similar patterns amongst the spouses, not unlike those experienced by the transplant candidate and recipient themselves. This study leads itself to better understanding the transitions a spouse experiences during the course of the husband/wife’s transplant. This study also opens the way for further research and impacts nursing practice.
Abstract ID: 502

An Analysis of Native American Communication Styles as Depicted in Film

Presenting Author:  Debra L. Fowler
Address: 918 Mystic Village Lane
Seabrook, TX 77586
USA
Ph:  Fax: 
Email: Debrafowlerill@aol.com
Institution: Texas Woman's University, Houston

Author List:
Debra Fowler
Debra Fowler

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:  Cleared: Yes

Abstract Subject:  Education

Abstract:
Introduction:
A major goal of nursing education is to prepare nurses to provide culturally competent care to clients from diverse backgrounds. This goal includes effective ways to communicate within this milieu. Life experiences shape the student nurses’ preconceived notions of communication styles within cultural groups. The mass media, specifically cinema film, is one such life experience. It is important that educators understand how movies influence the development of cultural bias in order to develop insight into the validity of student nurses’ cultural knowledge.

Methods:
Movies released between 1970 and 2000 which depict American Indians were selected based on the likelihood of being seen by 2000-2004 nursing graduates. Movies were viewed and aspects of communication style were rated on a Likert scale for comparison to Elliott’s (1999) cross-cultural communication styles.

Findings/Discussion
This work is on-going. However, preliminary findings indicate disparity between the communication styles of American Indians, as documented by Elliott, and those depicted in movies. Movies are a significant element of social activity in the United States and often serve as a forum for learning about events and people. Through recognizing the magnitude of the inaccuracy presented on the silver screen, nurse educators gain a greater appreciation of the need to teach communication skills to develop culturally appropriate nursing practice.

Back to Top
Abstract ID: 503

Adolescent Self-Injury Behavior: A Model for Practice and Research

Presenting Author: Rhonda Lynn Lesniak RN, BSN, MA, NCSN
Address: 2837 Banyan Blvd. Circle NW
Boca Raton, FL 33431
United States
Ph: Fax: 561-994-9896
Email: Nurseshark01@bellsouth.net
Institution: Florida Atlantic University

Author List:
Rhonda Lesniak

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: The purpose of this story inquiry was to discover the meaning of the lived experience of the adolescent who self-injures.

Research questions: What is the meaning of self-injury to the adolescent?
What feelings precede and result from the adolescent’s self-injury behavior?
Is the adolescent trying to communicate something to others during self-injury behavior?
Are the feelings the adolescent had prior to self-injury resolved by the act?
Is there anything from the adolescent’s past that contributes to self-injury behavior?

Significance: Self-injury behavior is becoming more prevalent in the adolescent population; however, many nurses remain unaware of this phenomenon, its causes, and the implications for nursing. Data suggest that approximately 13% of adolescents deliberately injure themselves, although statistics are difficult to obtain due to the private nature of the behavior. It is imperative for nurses who care for adolescents to understand the characteristics of the adolescent who self-injures, to comprehend the expressivity of the behavior, and to hear and respond to the call of nursing embedded in the self-injury cycle.

Methods: The method to be utilized to apprehend the student’s account will be the Story Theory. This is constructed in a manner as to make the story apprehension process comfortable for both the research nurse and the practice nurse. This involves being intentionally present with the student, connecting with self in relation to student, and creating ease, thus allowing the story to emerge, as the storyteller recounts what matters most to her while living through self-injury behavior.

Findings: The antecedent feelings identified were isolation, stigma, frustration, depression, and anger while the consequential feelings were identified as relief and calm.

Discussion: Through the nursing situation and guided by a theoretical framework of caring, the nurse may discover why our adolescents feel they must scar their bodies to give voice to their pain.

Back to Top
Abstract ID: 506

Coming to know adolescent voice through the pregnancy stories of Afro-Caribbean females

Presenting Author: Kim Jolly MSN
Address: 7481 NW 35th Street
Lauderhill, FL 33319
USA
Ph: Fax:
Email: kjolly@fau.edu
Institution: Florida Atlantic University, Christine E. Lynn Coll

Author List:
Kim Jolly
Kim Jolly

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: The purpose of this story inquiry was to begin understanding “voice” for Afro-Caribbean female adolescents who had experienced pregnancy.

Research question: What is the health challenge faced by Afro-Caribbean adolescent females when they learn they are pregnant and want to share what matters about their situation?

Significance: Afro-Caribbean people are usually not distinguished from African-American people but there are cultural/ethnic differences. Data suggest that Afro-Caribbean teens are highly represented in African-American pregnancy numbers. The authoritarian style of Afro-Caribbean parenting often limits what adolescents can share. If we hope to empower Afro-Caribbean adolescents to make healthy choices, we must understand how they share what really matters to them, as well as what enables and limits sharing.

Methods: Story inquiry was used, beginning with the question: “Who do you talk to when something really matters?” Story inquiry, guided by Story theory, has seven phases: 1) gather the story of a health challenge; 2) compose a reconstructed story; 3) connect existing literature to the health challenge; 4) Refine the name of the health challenge; 5) describe the developing story plot; 6) identify movement toward resolving the health challenge; 7) collect additional stories. The first 6 phases of story inquiry are presented, synthesizing the stories of two 16 year old Afro-Caribbean females (Maria – Haitian; Sally – Jamaican).

Findings: The health challenge was identified as fear of sharing what matters, particularly with moms; the story plot centered on being caught in the middle, specifically between moms and boyfriends; movement toward resolving happened when these teens learned to endure their mother’s anger and pursue health care.

Discussion: The important place of moms is critical for future study and ongoing nursing practice. It may be especially important to teach these teens how to engage with an angry authoritarian parent. Direction for dissertation research will be addressed.

Back to Top
Abstract ID: 507

Prenatal Care in Mulukuku, Nicaragua: A Retrospective Chart Review

Presenting Author: Allyson Shaeffer Neighbors RN, BSN, FNP Student
Address: 2913 Tarpon Drive
League City, TX 77573
USA
Ph: Fax:
Email: asneighb@utmb.edu
Institution: University of Texas Medical Branch

Author List:
Allyson Neighbors
Allyson Neighbors

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Purpose: The opening of a new birthing center in 2006, prompted the clinic director of a women’s health clinic in Mulukuku, Nicaragua, to request a quality improvement study of the clinic’s prenatal care practices. The purposes of this study were the following: delineate prenatal care practices at the clinic, determine if prenatal care practices are sufficient to meet WHO and Ministry of Health Guidelines, and make recommendations for future practice guidelines for prenatal care.

Methods: A convenience sample of 100 charts, current and past prenatal patients, were examined for the number of prenatal visits and the content of those visits. Using an investigated developed data collection form, the researchers noted if the women received blood pressure and weight measurements, measurement of fundal height, urine for protein, and hematocrit at each visit. Patient education if done was also recorded. A pap smear, syphilis serology, and tetanus immunization was also noted if done. 102 charts were reviewed and data were recorded on a spreadsheet. Descriptive statistics and frequencies were run on the data using SPSS 11.0 for Windows.

Findings: The mean number of visits for prenatal patients was 3.5. Syphilis serology was checked in 61.8% of patients and pap smears completed for 52.9% of prenatal patients. However, 64.7% had no record of tetanus immunization status, only 37.3% of charts showed prenatal education had been given, and a mere 28.4% had a social interview recorded.

Discussion: The mean number of prenatal visits approaches the WHO and Ministry of Health Recommendations; however, the content of the prenatal visits did not meet expected benchmarks. There is no designated section on the prenatal forms for recording tetanus boosters, education, and social interview. We are currently working with the clinic on finding a new prenatal form and developing specific guidelines for providers.

Back to Top
Abstract ID: 511

Development of the Concept of Transformation

Presenting Author: Margaret R. Rateau MSN, RN
Address: 4008 Duckhorn Dr.
Moon Twp., PA 15108
USA
Ph: Fax:
Email: Mrratmoon@verizon.net
Institution: West Virginia University

Author List:
Margaret Rateau

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
PURPOSE: Nurses care for people who have lost everything yet choose to seek meaning in their experience, leading to life transformation. This poster will present development of the concept of transformation. Implications for the concept’s use in nursing practice and research will be presented.

METHOD: The method used to develop the concept included: formulation of a definition, attribute relationships, literature support, theoretical link, and empirical grounding through gathering a story from a person experiencing catastrophic loss. A theoretical base was established through literature support and link between the concept and a middle range theory. A model depicting the relationship between the attributes, and middle range theory of meaning will be presented to clarify meaning of the concept.

FINDINGS: Transformation is defined as a change in perspective that brings about a deeper understanding of one’s life purpose. Literature support for the concept and attributes was found in psychological and sociological sources on topics of tragic transformation, experiencing negative life events, life disruption, and loss. A link with the middle range theory of meaning through the concepts of life purpose, freedom to choose, and human suffering was made. Themes in the story of surviving a fire explosion were: grieving the injury, looking at life differently, feeling grateful for the present, and experiencing hope for the future. The conceptual literature, middle range theory, and story themes offer support for the concept as defined.

DISCUSSION: Further empirical grounding of the concept through research is needed. The design of a qualitative study aimed at further exploration of the concept with persons who have experienced catastrophic loss will be presented. Attributes of the concept may offer a structure for guiding persons who are living transforming experiences in nursing practice.

Back to Top
Abstract ID: 514

Perceptions of Parents and Experiences with Their Premature Infants

Presenting Author: nancy m higgs current PhD student
Address: 4028 pirates beach
galveston, tx 77554
usa
Ph: Fax:
Email: nkmh54@aol.com
Institution: utmb

Author List:
nancy higgs

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The rate of premature births in the United States has increased more than 30% in the past two decades and the costs of providing care to these children exceeds $26 billion a year. Although advances in technology and medicine have improved the survival rate in this population, their health outcomes have not improved significantly in the last twenty years. While medical research pursues ways to reduce premature births, additional research must strive to prevent and minimize developmental delays that burden the lives of these children and their parents for years to come. The early introduction of in-home parent-administered stimulatory interventions for premature infants may prove to reduce their immediate and long-term motor and cognitive deficits, however more studies are needed to establish feasibility.

The aims of the descriptive qualitative pilot study reported here were to: 1) describe the initial concerns parents have about their premature infants; 2) interpret parents’ perspectives about the effects prematurity has upon their child’s development and health over the long-term; and 3) identify forms of support that influence parents’ self-confidence in managing the short-term and long-term needs of their premature infant. Interviews were conducted with a purposive sample of 4 parents of premature infants. Interviews began with the initial probe: After your baby was discharged home from the NICU, what was your experience like in those first weeks and months? Transcribed interviews were analyzed using content analysis and constant comparison techniques. Themes and categories of meanings that emerged from the data will be reported at the SNRS meeting. Findings will be used to guide the development of a neonatal motor intervention for delivery by parents and a dissertation study that investigates the outcomes of such an intervention. Findings will also be used to guide development of a parent education and support program tailored to the intervention.

Back to Top
Caregiver Burden and Mental Health in Low Income Mothers

Presenting Author: Susan B. Coyle MS, RN
Address: 11404 DeHaven Road, NE
Cumberland, Maryland 21502
USA
Ph: Fax: 304-293-2517
Email: scoyle@hsc.wvu.edu
Institution: West Virginia University

Author List:
Susan Coyle

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: The purpose of this secondary data analysis was to describe the relationship between caregiver burden and mental health in low-income mothers of children without special needs. While motherhood is a normal role for many women, the process of mothering includes concerns, hassles, and dependency. The hypothesis was that higher levels of maternal caregiver burden would be associated with lower levels of maternal mental health.

Method: Data were obtained from the National Center for Health Statistics’ public-use data file for the 2004 National Health Interview Survey. Mothers between 18 and 50 years of age who had biological, adopted, or stepchildren in households with a total income of no more than 200% of poverty comprised the analytic sample. The sum of several data elements (number of children, number of individuals needing assistance, and child behaviors) described maternal caregiver burden. The sum of scores for four mental health indicators (sadness, hopelessness, worthlessness and effort) described maternal mental health. Numerical scores were categorized prior to analysis.

Findings: A small but significant negative association (Kendall’s tau = -.202, p=.000) existed between maternal caregiver burden and maternal mental health. Overall, the majority of mental health scores fell in the good and excellent categories (89.8%) and the majority of caregiver burden scores fell in the low category (72.1%). The percentages of mothers with scores reflecting poor or fair mental health increased from 7.2% to 30.4% as the level of caregiver burden increased from low to high.

Discussion: The resultant small, negative correlation between caregiver burden and maternal mental health supports the hypothesis that higher levels of maternal caregiver burden are associated with lower levels of maternal mental health. The results of this very preliminary study must be interpreted with caution and utilized to inform further studies that analyze primary data collected with valid instruments.

Back to Top
Factors Related to Asthma Quality of Life for U.S. and Icelandic Adolescents

Presenting Author: Ashleigh B Ohlmann BSN Student
Address: 509 College of Nursing Building University of Kentucky
Lexington, Kentucky 40536-0232
United States
Ph: Fax:
Email: abohlm2@uky.edu
Institution: University of Kentucky

Author List:
Ashleigh Ohlmann
Jennifer Baumgardner

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Asthma affects 12% of American children and 9% of Icelandic children. Limited research has addressed asthma quality of life for adolescents. The purpose of this pilot study was to determine the demographic, personal, interpersonal, and illness factors that affect asthma quality of life for adolescents in the United States and Iceland.

Methods: This descriptive, cross-sectional study included adolescents with asthma (N = 30; n = 15 U.S. adolescents; n = 15 Icelandic adolescents), ages 13-17 years, primarily recruited from pediatric practices in central Kentucky and Reykjavik, Iceland. The majority of the sample was Caucasian. U.S. adolescents (47% male; 53% female) had a mean age of 14.6 years (SD = 1.5); Icelandic adolescents (73% male; 27% female) had a mean age of 15.1 years (SD = 1.5). Seven pencil-and-paper questionnaires that measured variables including demographics, depressive symptoms, an asthma questionnaire (with four subscales assessing impact of asthma on daily life), degree of asthma limitations, and quality of life were administered to the adolescents. Multiple regression was used to determine predictors of asthma quality of life.

Results: Higher depressive symptoms, a greater degree of social disruption due to asthma, and more frequent limitations of physical activity were predictive of a lower asthma quality of life. Although location (U.S. vs. Iceland) and gender were included in the regression model as controls, they were not significantly related to asthma quality of life.

Discussion: Interventions designed to decrease depression and social disruption may improve quality of life for adolescents with asthma. Study limitations included a small sample size and data collection by self-reports that may have affected the reliability and validity of the data.

Supported by a Faculty Research Support Grant at the University of Kentucky and Astra Zeneca for the University of Iceland.

Back to Top
Cultural Interpretations of the Hepatitis C Illness Experience among Mexican Americans

Presenting Author: Rosalinda Morales RN, MSN, FNP
Address: 12507 A-Bar Drive
Santa Fe, TX 77510
USA
Ph: Fax: (409) 986-7890
Email: romorale@utmb.edu
Institution: University of Texas Medical Branch-Graduate School

Author List:
Rosalinda Morales
Rosalinda Morales

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
The increased numbers of cases of hepatitis C viral infection (HCV) reported among Mexican Americans is attributed in part to the sharp rise in numbers of Hispanics moving to and living in the United States. CDC data suggest that as many as one in 50 Hispanics is infected with HCV. Implementing culturally appropriate interventions that promote early diagnosis and treatment adherence in this population is a major challenge facing professional providers. According to Kleinman, intervention programs that incorporate the illness beliefs and explanatory models (EMs) of cultural groups being served can reduce barriers to care and improve the overall quality of life for those with serious illnesses like HCV. Yet, little research has been done to elicit EMs of HCV among Mexican-Americans. The purpose of the descriptive exploratory ethnographic study reported here is to gain insight into Mexican-American EMs of HCV by answering the following research questions: 1) What explanatory models of HCV do Mexican-Americans use to describe their illness experiences? 2) How do Mexican-American cultural beliefs influence illness and help-seeking behaviors expressed by those affected by HCV? 3) What sources of help and support do Mexican-Americans describe as culturally appropriate for individuals to seek during the HCV illness experience? 4) What culturally salient expectations of HCV treatments do affected Mexican-Americans construct and use to determine their satisfaction with treatment choice and outcomes? Intensive interviewing and participant observation are the primary data collection tools employed in this study-in-progress. A sample size of 15 participants is anticipated to achieve data redundancy and saturation. Content analysis and constant comparison data analysis techniques will contribute to the emergence of themes among the study group’s narrative data. Findings from this study-in-progress will be reported at the SNRS Poster Session. Rigor will be evaluated using Lincoln and Guba’s criteria of credibility, confirmability, and dependability.

Back to Top
Outcomes of the Reflective Learning Journal in Online Education

Presenting Author: Malinda Langley MSN  
Address: 1726 Swann Street  
Fayetteville, NC 28303  
USA  
Ph: Fax:  
Email: mlangley3@nc.rr.com  
Institution: East Carolina University School of Nursing

Author List:  
Malinda Langley

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:  
The purpose of this study was to examine the perceptions of graduate students and faculty regarding learning outcomes associated with the use of reflective learning journals (RLJ) in online education. Reflective journaling is used extensively in nursing curricula, yet few studies have explored perceptions of learning outcomes associated with online students, specifically those preparing to become nurse educators.

A descriptive survey design using a 36-item researcher-developed instrument was utilized to conduct the study. The instrument included demographic questions, items associated with four general outcomes of RLJ found in the literature (professional development, personal growth, empowerment, and facilitation of the learning process), and overall impression of RLJ. Thirty-two students enrolled in an online graduate nursing curriculum course and five faculty who use online reflective journaling participated in the online survey.

Over eighty percent of the sample marked strongly agree/agree for all items related to outcomes of the use of reflective learning journals except: improvement of problem-solving ability (professional development); development of coping skills (personal growth); increased awareness of socio-political and ethical reasoning (professional empowerment); and engagement of students as active learners, improvement of writing skills, and enhanced trust relationship between student and faculty member (learning process). No items had less than 65% agreement in outcomes. The obstacles identified included trust between students and faculty, the amount of time needed for reflection (or grading), and a lack of interest in reflective journaling.

This study indicates that positive learning outcomes result from the use of RLJ in online education. Exploration of methods to assist students and faculty in overcoming identified obstacles would enhance the use of this strategy. Additional research is recommended to determine strategies that promote meaningful learning for future nurse educators in online education; which, in turn can then be translated into practice once they begin the nurse educator role.
Development of a New Skin Risk Assessment Scale for Pediatric Burn Patients

Presenting Author: Mary D. Gordon RN, MS
Address: 905 Layfair Place
Friendswood, TX 77546
USA
Ph: Fax:
Email: mgordon@shrinenet.org
Institution: Shriners Hospital-Galveston & UTMB School of Nursing

Author List:
Mary Gordon
Mary Gordon

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Shriners Hospital

FDA Disclosure: Cleared: Yes

Abstract Subject: Psychometrics/Instrumentation

Abstract:
Introduction: Skin risk assessment in adult patients has been shown to be an effective component of pressure ulcer prevention programs. High risk scores suggest that pressure ulcer prevention strategies should be implemented. Currently a skin risk assessment scale does not exist for burn patients; therefore the purpose of this study was to identify risk factors for pressure ulcer development in the pediatric burn patient.

Methods: The research design was the modified Delphi technique, where a panel of experts (15 nurses experienced in pediatric burn care), through a series of three surveys, identified the most promising predictors of pressure ulcer development. The survey contained a list of risk factors compiled from the literature and the investigators’ clinical experiences.

Results: Of the 17 major risk factors, there were 6 with a mean score > 6.50 (of a possible 7.0). Of the 66 minor risk factors, 9 had a mean score > 6.50. Consensus of the panel was reached on nine risk factors for prediction of pressure ulcer development in pediatric burn patients: total body surface area burned, number of splints in place, prior or current pressure ulcer, increased prominence of bones, immobility, calorie intake, bowel and bladder incontinence, unburned skin exposed to wetness, and mean blood pressure < 60 during past 24 hours. These risk factors are reflected on the new pressure ulcer skin risk assessment scale. Content validity was established with the literature review and the panel of experts; inter-rater reliability was estimated with intra-class correlation involving 5 burn nurses and 21 patient risk assessments (ICC = 0.998).

Conclusions: Pediatric burn patients with burns >40% TBSA are among the high-risk populations for pressure ulcer development. These pediatric patients can be identified using a newly developed risk assessment scale. Further psychometric evaluation of this instrument is planned.
Abstract ID: 525

Nursing Faculty Attitudes Toward Inclusion of Students With Disabilities to Nursing Education Programs

Presenting Author: Larry William Goins EdD (c), MSN, APN
Address: 2465 County Road 50
Riceville, TN 37370
USA
Ph: Fax:
Email: lgoins@hughes.net
Institution: Argosy University/ Atlanta

Author List:
Larry Goins
Larry Goins

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Students with disabilities are applying to nursing programs in increasing numbers (Maheady, 1999), but discrimination is still prominent (Marks, 2000). Inclusion is not a new concept, but is new to the profession of nursing. Nursing is a nurturing profession with a very unique knowledge base. Students with disabilities can deliver humanistic care to those who have need of nursing care.

The profession of nursing has been described as “caring in the human health experience” (Newman, Sime, & Concoran-Perry, 1995, pp. 33-41). Humanistic criteria, such as self-awareness, personal talents, and communicating effectively have been suggested for evaluating applicants to nursing education programs (Leners, Beardslee, & Peters, 1996). Zhang, Luk, Arthur, & Wong (2001) identified a list of competencies that contributed to effective performance of nursing, including commitment, thoroughness, compassion, comforting, critical thinking, responsiveness, self-control, information gathering, and interpersonal understanding.

Inclusion means a change in the nursing curriculum. Although the nurse educator may have difficulty accepting change, change is inevitable. Change is how teachers teach, students learn, and how students with and without disabilities interact and relate to one another (Lombardi, 1999). Inclusion possesses the power to positively impact education for all students and their teachers (Lombardi, 1999). In order for inclusion to be successful, nurse educators must possess a positive attitude and creativity. All educational institutions are now required by law to provide reasonable accommodations under the Americans with Disabilities Act (ADA) of 1990 (Public Law 101-336). Nurse educators presently provide extra meeting time for students who have no disability who require help learning nursing skills and concepts.

The focus of this research study is to investigate the attitudes of nursing faculty about inclusion of students with disabilities into the nursing education programs.

Back to Top
Abstract ID: 532

Predictors of Hypertension Among Adults: Findings from the 2005 Behavioral Risk Factor Surveillance System Survey

Presenting Author: Charlotte Gore MSN
Address: PO Box 7752
Gulfport, MS 39506
USA
Ph: Fax: 228-867-2619
Email: charlotte.gore@usm.edu
Institution: USM

Author List:
Charlotte Gore
Charlotte Gore

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Purpose: To identify demographic and health-related quality of life predictors of hypertension among adults.

Methods: Descriptive, bivariate and multinomial logistic regression analyses of the newly released 2005 BRFSS data were used as numerical predicates for the current study. Specific hypertension-related questions included: (a) Have you ever been told that you have high blood pressure? (b) Are you currently taking medicine for your high blood pressure? (c) Have you ever been told to change your eating habits to lower your high blood pressure? (d) Have you ever been told to cut down on salt to lower your high blood pressure? (e) Have you ever been told to reduce alcohol use to lower your high blood pressure? (f) Have you ever been told to exercise to lower your high blood pressure?

Results: Respondents who indicated they were hypertensive tended to be Black, non-Hispanic (OR = 1.69), older (OR = 2.78), married (OR = 1.24), non-high school graduates (OR = 1.10), unemployed (OR = 1.19) and overweight/obese (OR = 2.56). Furthermore, they tended to earn lower incomes (OR = 1.10), to have children living in the home (OR = 1.82), to have health care coverage (OR = 1.31), to have poorer perceived health status (OR = 2.22), to not exercise (OR = 1.15), to have arthritis (OR = 1.89), to have activity limitations (OR = 1.24) and to be non-smokers (OR = 1.05).

Conclusions: There exists a need to reduce the prevalence of hypertension among undertreated socio-demographic and health-related quality of life adult cohorts. A change in the public policy paradigm for battling high morbidity/mortality among hypertensive patients must include heightened Congressional interest and increased resourcing in order to empower health care providers to adjust their clinical and educational practices to include modifiable factors and appropriate proactive and prescriptive measures.

Back to Top
A Profile of Medically Fragile Infants Among Lumbee Indians

Presenting Author: Candace Michelle Lowry BSN student
Address: 1500 Courtney Creek Blvd Apt. 1318
          Durham, NC 27713
          USA
          Ph: Fax:
          Email: loca@email.unc.edu
          Institution: The University of North Carolina at Chapel Hill

Author List:
  Candace Lowry

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
The purpose of this multiple case study is to describe the health problems and parenting issues for a group of medically fragile infants born to Lumbee Indian families. Data are from a larger study of Parental Role Attainment with Medically Fragile Infants funded by the National Institute of Nursing Research, R01 02868 (Dr. Margaret S. Miles, PI). Medically fragile infants included both fullterm and preterm infants who were seriously ill at birth, dependent on technology for survival, and at risk of having a serious chronic illness at discharge. Lumbee Indians, while not one of the federally recognized tribes, constitute the largest American Indian population east of Mississippi river. Most Lumbee’s reside in southeast North Carolina where there is a high incidence of poverty, low educational levels, high unemployment and, as a result, a lack of access to health care. Pregnant women often have little or no prenatal care and there is a high incidence of low birth weight babies and a high rate of infant mortality. Seven of the 83 infants enrolled in the parental role study were Lumbee Indians. The diagnoses of the infants included severe gastrointestional anomalies (n = 4), renal disease (n = 1), pulmonary and congenital heart disease (n = 1), and a complex neurological birth defect (n = 1). Most of the infants had more than one major health problem and experienced sequela such as short bowel syndrome and failure to thrive. Interviews were conducted with the mothers longitudinally until the infants died or were around 15 months of age. Interviews are being coded to identify key themes related to parenting issues described by the mothers. These include their response to the infant’s illness and very long hospitalization, their worry about the outcomes for their child, and their challenges in parenting the chronically ill children upon discharge.
Community Resources for Family Members of Uxoricide

Presenting Author: Florence M Weierbach MPH, RN BC
Address: 10054 Wycliff Road
Richmond, VA 23236
USA
Ph: Fax:
Email: fmw2d@virginia.edu
Institution: University of Virginia

Author List:
Florence Weierbach

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Uxoricide, when one parent kills the other parent, is devastating to the couple's children. In a short amount of time, the children lose both parents, one through death and the other through the criminal justice system or suicide. What happens to the children and how they manage, especially concerning community resources, in the time period immediately following their loss to when they are placed in a new family is the focus of this discussion.

The data are from Lasting Experience of Domestic Violence (1R01-NR008532, PI Steeves). Over eighty children who lost their parents due to Uxoricide were interviewed. For this analysis, four families were chosen. The total number of siblings in the sample is thirteen. The number of siblings in the four families range from two to six children. The ages of the children at the time of the uxoricide, range from 3-19. In each family at least two of the children are interviewed. Two families have interviews present for each child. The families are from three different areas of the country with the Uxoricide occurring during three separate decades.

Both the individuals and the families are considered units of analysis. Within each unit of analysis categories are identified. Analysis continues by comparing siblings and families for similarities and differences in their experiences with community resources. The analysis demonstrates siblings identifying community resources involving religion, neighbors, school and social service. Social services include public and private organizations. Additional findings reveal variation between families with community resources relating to law enforcement, emergency medical procedures, public disclosure of the event with media coverage and extended family responsibilities. The siblings within the families shared similar experiences, while the four families experienced differences with community resources.

Back to Top
SELF-CARE AND QUALITY OF LIFE IN PATIENTS WITH HEART FAILURE: PRELIMINARY FINDINGS

Presenting Author: Chantira Chiaranai RN, PhD candidate
Address: 9362 W. Cloisters
Richmond, VA 23229
USA
Ph: Fax: 804-828-7743
Email: Chiaranaic@vcu.edu
Institution: School of Nursing, Virginia Commonwealth University

Author List:
Chantira Chiaranai
Chantira Chiaranai

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose: The purpose of this study is to examine relationships among selected individual characteristics, SC strategies, and QOL using Reigel’s Model of Self Care as the guiding framework.
Method: Using a descriptive correlational design, 114 subjects diagnosed with NYHA class I-IV were recruited. Dillman’s Tailored Design Method for survey research was used for data collection. SC was measured using the Self-Care of Heart Failure Index (SCHFI) to measure self-care maintenance (SCMt), self-care management (SCMn), and self-care self-confidence (SCSc). QOL was measured using the Minnesota Living with Heart Failure Questionnaire (LHFQ) and the Short-Form Health Survey (SF-12), which characterizes physical (PCS) and mental-emotional functioning (MCS).
Descriptive statistics, Pearson’s correlation, and multiple regressions were used in data analysis.
Findings: Data from 91 subjects (mean age = 56.7; 53.8% male; 49.5% Caucasian) were analyzed. Multiple regression analyses demonstrated that better disease-specific QOL (R² = 0.29; F = 10.31, p = 0.000) was predicted by better SCMn (β = 0.43; p < 0.001), SCSc (β = -0.36; p = 0.001), and less co-morbidity (β = 0.29; p = 0.004). Better generic QOL (measured by the PCS; R² = 0.40; F = 11.67, p = 0.000) was predicted by lower NYHA functional class (β = -0.34; p < 0.001), better SCMt (β = 0.23; p = 0.027), SCMn (β = -0.47; p < 0.001), and SCSc (β = 0.34; p = 0.002). Better QOL (measured by the MCS; R² = 0.32; F = 8.18, p = 0.000) was predicted by better SCMn (β = -0.35; p = 0.002), SCSc (β = 0.28; p = 0.011), and less co-morbidity (β = -0.33; p = 0.002).
Discussion: Findings suggest that better QOL is influenced by lower NYHA class, less co-morbidity, and better use of SC strategies. These findings add to the body of knowledge on HF SC strategies.
Effects of Relaxation-Guided Imagery on Maternal Stress

Presenting Author: Nancy Jallo
Address: 355 Mainsail Dr.
Hampton, Va 23664
USA
Ph: Fax:
Email: jallo@cox.net
Institution: University of Virginia

Author List:
Nancy Jallo

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- NINR
- NCCAM

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: This study investigated the effects of relaxation-guided imagery (R-GI) on perceived stress, anxiety, and corticotropin releasing hormone (CRH) levels in pregnant African American (AA) women.
Significance: Preterm birth (PTB) is an acute problem. A connection exists between prenatal stress, the biochemical effects of stress, and PTB. Based on the mind-body connection between stress and PTB, a mind-body intervention, such as R-GI, may be effective in reducing stress and excessive neuroendocrine levels that may lead to PTB.
Methods: This longitudinal study used a controlled randomized two-group [R-GI and usual care (UC)] experimental design. The intervention was 3 R-GI CDs designed to enhance study outcomes. Study measures collected at baseline and weeks 8 and 12 included the Perceived Stress Scale (PSS), State Anxiety Inventory (STAI), and maternal plasma CRH levels. All participants completed a daily Numeric-Rating-Scale-of-Stress (NRSS), and the R-GI group completed a daily Practice Log that provided information on perceived benefits.
Findings: Preliminary results are presented on 32 women. STAI scores decreased significantly over time (baseline, 8, 12 weeks) for the R-GI group but not for the UC group (F = 7.28, p<.05). The change in daily stress scores (NRSS) from pre-to-post use of R-GI decreased significantly (p<.05), indicating an immediate effect of the intervention. PSS scores, a more general measure of stress, did not differ between groups over time. The entire R-GI group reported perceived benefits on the Practice Log. Analyses will be completed to examine effects on maternal CRH.
Discussion: Preliminary findings support the effectiveness of the R-GI intervention in reducing anxiety and daily stress levels in pregnant AA women. Perceived benefits suggest the acceptance of this mind-body intervention.
Acknowledgement: This study is made possible by NINR NRSA-1-F31-NR008977, and NCCAM K-30-AT00060. Contents are the authors’ responsibility and do not necessarily represent the views of NINR, NCCAM, or NIH.

Back to Top
Motivators of Latino Males for HIV Risk-Taking Behavior

Presenting Author: Mark Anthony Meyer MSN, RN, ACRN
Address: 2925 North Bend Drive
          Dallas, TX 75229
          USA
Ph: Fax: 
Email: markanthonymeyer1@yahoo.com
Institution: University of Texas Health Science Center San Anto

Author List: Mark Meyer

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
Grants/Research Support: Sigma Theta Tau, Delta Alpha Chapter
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract: Background
Latinos comprise approximately 14% of the United States and Puerto Rico population however, they account for 18% of AIDS cases diagnosed since the beginning of the epidemic. It is important to understand the motivators to HIV risk-taking behavior in this population to design interventions targeted for this population.

Purpose
The study purpose was to explore the lived experience of gay Latino male young adults regarding growing up gay in the Latino community and motivators to their HIV risk-behaviors

Specific Aims/Research Questions
1. Explore (what is) the lived experience of gay Latino male young adults regarding motivators of their HIV risk-behaviors in the context of the Latino community.
2. Determine if there is relationship between sexual orientation self-acceptance and HIV risk-taking behavior in this sample of Latino gay male young adults through a QUAl→quan, mixed methods design.

Method
Participants included Latino gay young adults between the ages of 18-25 years. The design was a mixed methods (Qual & quan) design. The study used semi-structured, interviews using open-ended probes usually followed by administration of a sexual orientation self-acceptance scale (Short Internalized Homonegativity scale, Cronbach alpha = .78) and a HIV risk-taking behavior survey. Interview questions included the following: What is the experience of this sample of gay Latino male young adults regarding motivators of their HIV risk-behaviors in the context of the Latino community? Is there a relationship between sexual orientation self-acceptance and HIV risk-taking behavior in this sample of Latino gay male young adults?

Findings
Participants reported in qualitative interviews that machismo, la familia, and self-acceptance of their sexual orientation were key motivators to their HIV risk-taking behavior. Quantitative tools however, indicated that as sexual orientation self-acceptance increased, HIV risk-taking behavior also increased.

Discussion
Self acceptance of sexual orientation is related to increased HIV risk-taking behavior of gay Latino male young adults.
A MODEL FOR GENERATING COMMUNITY HEALTH PARITY: 
THE COGS OF CHANGE

Presenting Author: Lachel Story MSN, RN, PhD (c)
Address: 6 James Switzer Rd
Purvis, MS 39475
United States
Ph: Fax:
Email: lachel.story@usm.edu
Institution: University of Mississippi Medical Center

Author List:
Lachel Story
Lachel Story

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract: The current state of inadequate evaluation of community based participatory research (CBPR) requires conceptual clarity at the outset of research implementation. To address this limitation, the Story Cogs of Change (SCC) conceptual model was developed to describe the relationships between health disparity, community interventions, health parity and, empowerment with CBPR. The model’s use will be illustrated in one health disadvantaged community.

The SCC stems from the constructs and principles of several theoretical frameworks including Social Ecological Theory, Coalition Development, and Community Empowerment. The model depicts movement from health disparity to health parity as interlocking cogs of motion driven by CBPR. Movement toward parity depends upon collaborations and partnerships, recognizing that there will be slippage in the links as collaborative issues are addressed. Oppression from race, gender, and class-related social injustice, financial and communication barriers, and ineffective social ecology are seen as a core causes for health disparity. These core causes, along with health status indicators, form the basis for community assessment. Community-based interventions, formulated from this assessment, are a potential catalyst for community transformation. Achieving the goals of health parity and empowerment is indicated by enhanced community health knowledge, healthcare access, competence and capacity, and cultural sensitivity. Policy implications include support at the local, state, and national level.

The exemplar community-identified target health conditions and an intervention where community health advisors (CHA) will serve as translators, leaders, advocates, guides, and caregivers for residents in the community. The anticipated results from the CHA intervention are increased community knowledge, healthcare access, cultural sensitivity, competence, capacity, and health policy initiatives. The SCC Model offers potential for guiding CBPR efforts in a wide range of settings including rural, urban, minority, poor, or other communities with health disparities.
Determinants of health behavior in juvenile offenders

Presenting Author: Kimberly Hemphill MSN
Address: 1511 Koch Ranch Road
Cornville, Az 86325
USA
Ph: Fax:
Email: h3mphill2az@cableone.net
Institution:

Author List: Kimberly Hemphill

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Adolescent’s overall experience good health. However, chronic diseases in adulthood, have been linked to health behaviors in adolescence. Behaviors such as drinking alcohol, smoking, drug use, sexual practices, and dietary habits have been associated with the development of cancer, diabetes, and heart disease in later years. A complex phenomenon, health behavior is influenced by a number of intrapersonal and contextual factors and health-related behavior. Most research on health determinants and health promotion in adolescents has been focused on school settings. Unfortunately, little is known about juvenile offenders, a large vulnerable population of adolescents. Juvenile offenders are at greater risk for negative health behavior. In order to develop successful health promotion programs to target risk behavior in juvenile offenders, more information is needed. Elements of client singularity from the Interaction Model of Client Health Behavior (Cox, 1982) could be a useful tool to examine determinants of health behavior.
ASSESSMENT AND MANAGEMENT OF PAIN IN PEDIATRIC PATIENTS

Presenting Author: Terri B Holden
Address: 220 Brian Dr. SW
Calhoun, GA 30701
U.S.
Ph: Fax:
Email: tholden@hhcs.org
Institution:

Author List:
Cynthia Epps
Terri Holden

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:

Background: Pediatric patients have historically and continue to be at high risk for inadequate pain assessment and management. Acute pain has been identified as a symptom experienced by infants and preschoolers diagnosed with urinary tract infection (UTI). Studies indicate the overall prevalence of UTI in children two years of age and younger is 6.5% in females and 3.3% in males. There are currently insufficient studies related to pain control in pediatric patients with the diagnosis of UTI.

Purpose: The purpose of this study is to explore the pain experience of pediatric patients diagnosed with UTI.

Method: This study was conducted using a descriptive retrospective chart review. Data was collected on the following variables: frequency of pain assessment, pain intensity ratings per FLACC pain scale, type of physician orders for pain medication, type of pain medication medications that were actually given, frequency of pain reassessment one hour after medication administration, and what, if any, nonpharmacological interventions were used.

Results: Findings of the study revealed there was no documentation of pain recorded in 45% of the patient records. The 55% of records that contained documentation 93% revealed a pain score of zero. Patient records documenting experience of pain revealed only 5% receiving analgesic, with 0% reassessment. Of the 100 charts reviewed no documentation was found to indicate any nonpharmacological interventions were utilized for pain management.

Conclusion: The conclusion derived from the research analysis reflected that treatment of pediatric pain is not a priority in the diagnosis of urinary tract infection within the population study. It is evident that pain medication was ordered at a much higher frequency than administered. These findings demonstrate the importance of conducting repeated research studies and improved practices concerning attitudes, assessment, and management of pediatric pain, especially related to the diagnosis of urinary tract infection.

Back to Top
“I wasn't going to be a victim—it’s my choice”: A case study of personal responsibility for managing HIV treatment protocols

Presenting Author: Linda Eastham MSN
Address: 14 Fleetwood Drive
           Palmyra, VA 22963
           USA
           Ph:  Fax:
           Email: easthamla@vcu.edu
           Institution:

Author List: Linda Eastham
Linda Eastham

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Introduction. There is a pressing need to understand the phenomenon of treatment adherence for those taking medications to manage Human Immunodeficiency Virus (HIV) infection, as intervention studies conducted until this point have failed to demonstrate consistently effective strategies to promote long term adherence. In addition, few studies focus on highly adherent individuals, focusing instead on those with less than optimal adherence.

Methods. Data for this case study were drawn from a qualitative study designed to describe the experience of taking antiretroviral (ARV) medications for treatment of HIV infection. IRB approval was obtained and the clinic nurse practitioner referred potential participants for inclusion in the study. Inclusion criteria included currently taking ARV therapy for HIV infection. While a range of adherence experiences were represented in the larger data set, this individual interview was selected for in-depth analysis because the participant was identified as an exemplar of excellence in adherence, by both the referring nurse practitioner as well as by the participant himself. This participant was able to provide a richly detailed description of his attitudes which, in turn, gave direction to his actions.

Findings. The major focus of this participant’s experience with managing his HIV treatment protocols was a sense of personal responsibility and empowerment expressed as “I wasn't going to be a victim, it’s my choice.” His descriptions of empowerment included a range of situations, from those in the home and his personal life, to business and social situations.

Implications. Data from a case study focused on the attitudes and actions of a highly adherent individual can provide direction for further study, including those designed to develop and test relevant adherence strategies. In addition, a case study's detailed description of one person's experience can provide insight and inspiration for those struggling with adherence issues.

Back to Top
Pain Medication Attitudes and Beliefs in Patients with Non-Malignant Chronic Pain Syndromes

Presenting Author: Diane Monsivais
Address: 1101 N. Campbell St
El Paso, Texas 79902
USA
Ph: Fax:
Email: dimonsivais@utep.edu
Institution: Univ of Texas at El Paso

Author List:
Diane Monsivais
Diane Monsivais

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Self-management of pain medication to keep pain levels within acceptable parameters is an important rehabilitation goal for patients with non-malignant chronic pain syndromes. However, many patients have beliefs and attitudes about pain medication which influence adherence and may negatively influence treatment outcome. The purpose of this study was to create an integrative review of quantitative and qualitative research evidence regarding the influence of patients’ beliefs and attitudes towards pain medication prescribed for the treatment of non-malignant chronic pain on analgesic use. Studies involving patients at least 18 years old with non-malignant chronic pain were included. Studies of patients with AIDS, cancer, and acute pain were excluded. Medline, CINAHL, PsychInfo, and Cochrane databases from 1985-2005 were searched using a systematic strategy. Reference lists were screened for relevant articles. Abstracts were screened for compliance with the study criteria, and the articles obtained for those that met criteria. Using a systematic process, each article was subjected to repeated review and data abstracted to the collection sheets. Evidence tables were created to assist with data review. Findings included data showing that concern about side effects of pain medication correlates with non-adherence; this may influence adherence in up to 48% of patients. Medications which reduce symptoms only (such as pain) may also be considered as “unnecessary” medications. In addition, patients and providers often have significant differences in ratings of patient compliance with treatment, creating difficulty in management. Implications for clinicians are striking. Information about medication dependency and safety issues, the importance of effective long-term pain control, and consistent belief systems about treatment between provider and patients may be important, yet currently often neglected, components of successful chronic pain management.
Factors That Influence Help Seeking Behaviors in Postpartum Women with Depressive Symptoms

Terri L. Liberto, RN, MSN
Doctoral Student
West Virginia University School of Nursing
Morgantown, WV

Purpose: Postpartum depression affects 10-15% of all postpartum women, usually in the first 6-12 months. Postpartum women rarely understand or recognize the symptoms of postpartum depression. Once these symptoms are identified, postpartum women are reluctant to seek help or do not know where to seek help. Untreated maternal depression is associated with childhood emotional, behavioral, and developmental problems. The purpose of this review is to identify factors that influence help seeking behaviors in postpartum women experiencing depressive symptoms.

Method: A search of primary source documents was conducted in the PubMed, CINAHL, and Psyc INFO databases using the key words of “help seeking behavior” and “depression.” Ten articles focusing on help seeking behaviors in adults with depression and women with postpartum depression were reviewed.

Findings: Postpartum women are unable to identify the symptoms of postpartum depression and are reluctant to seek help for these symptoms. Depressed women who do use health care services are not satisfied with the care provided. There is a self stigma and a perceived stigma associated with depression and the treatment options. Studies have identified some of the barriers to seeking help but not in the population of postpartum women.

Discussion: Few studies have been conducted on postpartum women with depression in the United States. Barriers to seeking help including lack of awareness of symptoms and sources of help can be corrected through education and support. Community support groups and educational sessions may decrease the perceived stigma that may inhibit women from seeking help. Identification of support networks and resources will enhance help seeking behaviors in postpartum women.

Abstract ID: 567

Factors That Influence Help Seeking Behaviors in Postpartum Women with Depressive Symptoms

Presenting Author: Terri L Liberto RN, MSN
Address: 138 Stratford Drive
Sarver, PA 16055
USA
Ph: Fax: 724-295-2139
Email: tliberto@connecttime.net
Institution: West Virginia University School of Nursing

Author List:
Terri Liberto
Terri Liberto

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes
Abstract Subject: Parent-Child

Abstract:
FACTORS THAT INFLUENCE HELP SEEKING BEHAVIORS IN POSTPARTUM WOMEN WITH DEPRESSIVE SYMPTOMS

Terri L. Liberto, RN, MSN
Doctoral Student
West Virginia University School of Nursing
Morgantown, WV

Purpose: Postpartum depression affects 10-15% of all postpartum women, usually in the first 6-12 months. Postpartum women rarely understand or recognize the symptoms of postpartum depression. Once these symptoms are identified, postpartum women are reluctant to seek help or do not know where to seek help. Untreated maternal depression is associated with childhood emotional, behavioral, and developmental problems. The purpose of this review is to identify factors that influence help seeking behaviors in postpartum women experiencing depressive symptoms.

Method: A search of primary source documents was conducted in the PubMed, CINAHL, and Psyc INFO databases using the key words of “help seeking behavior” and “depression.” Ten articles focusing on help seeking behaviors in adults with depression and women with postpartum depression were reviewed.

Findings: Postpartum women are unable to identify the symptoms of postpartum depression and are reluctant to seek help for these symptoms. Depressed women who do use health care services are not satisfied with the care provided. There is a self stigma and a perceived stigma associated with depression and the treatment options. Studies have identified some of the barriers to seeking help but not in the population of postpartum women.

Discussion: Few studies have been conducted on postpartum women with depression in the United States. Barriers to seeking help including lack of awareness of symptoms and sources of help can be corrected through education and support. Community support groups and educational sessions may decrease the perceived stigma that may inhibit women from seeking help. Identification of support networks and resources will enhance help seeking behaviors in postpartum women.

Back to Top
Prevention of Exacerbations of Illness in Patients with Chronic Obstructive Pulmonary Disease

Presenting Author: Catherine Stengele Jones RN, MSN, ANP-C
Address: University of Texas at Arlington Box 19407
Arlington, Texas 76019-0407
USA
Ph: Fax: 817-354-8157
Email: tennisgem@hotmail.com
Institution: University of Texas at Arlington

Author List:
Catherine "Casey" Jones
Catherine "Casey" Jones

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
PREVENTION OF EXACERBATIONS OF ILLNESS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Catherine “Casey” S. Jones, RN, MSN, ANP-C
University of Texas at Arlington
Box 19407 Arlington, TX 76019-0407

Purpose: The purpose of this literature review is to critically examined interventions that have been utilized to decrease the number or frequency of exacerbations in patients with COPD.

Problem and significance: Chronic obstructive pulmonary disease is the fourth leading cause of death in the United States. Acute exacerbations of this disease account for 8 million outpatient visits, 726,000 hospitalizations, direct healthcare costs of $18 billion and indirect costs of $14 billion in the year 2000. Exacerbations cause a reduction in lung function and a diminished quality of life.

Research question: What interventions have demonstrated efficacy in diminishing the number or frequency of exacerbations in patients with COPD?

Methodology: Electronic databases involving both nursing and medicine will be queried using CINAHL and MEDLINE. Inclusion criteria will be studies conducted with adults with chronic obstructive pulmonary disease in ambulatory settings in which an intervention was evaluated for its effect on exacerbations. Studies with hospitalized patients and patients with persistent asthma will be excluded. The focus will primarily be on research studies performed since 1995.

Findings: The two indicators employed in studies to determine exacerbations of COPD will be discussed. Medical and nursing interventions will be explored, and future implications for study will be proposed.
Faith: A Concept Analysis

Presenting Author: Susan Mac Leod Dyess MS, PhD student
Address: 6533 ccompass rose court
west palm beach, fl 33411
USA
Ph: Fax: 5612972416
Email: sdyess@fau.edu
Institution: Florida Atlantic University

Author List:
Susan Dyess

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose:
This poster will present a concept analysis of faith. The method selected for concept analysis is eclectic, and includes a literature review, a reconstructed story, attribute identification and interpretation within an accepted nursing theory. Concepts are not the basis of theory, and should not anticipate theoretical commitment. Therefore, this analysis surveys the concept of faith by committing to the grand theory of Margaret Newman, Health as Expanding Consciousness. The guiding question implied within the concept analysis, is what is faith as it relates to caring in the human health experience?
Significance:
Faith is significant as a universal human perspective that deserves explication. The nursing literature offers little to address the concept of faith and research is sparse. Faith subsumes spirituality, practices, and religious ritual. Faith enables human beings to make sense of their world and circumstances. Yet, current conceptual murkiness limits scholarly endeavors. Linking with a grand theory provides the concept with theoretical explanation to enable logical consideration. Conceptual clarification of faith will provide a foundation for education, practice and research.
Findings:
The findings enable the articulation of a synthesized expression for a conceptual model of faith to be; faith is an evolving pattern of believing, that grounds and guides authentic living and gives meaning in the present moment of inter-relating. Faith can be appreciated as a notable element where it is a motivation in ones life, or a platform for finding and creating meaning within a human health experience. Faith determines a life perspective or pattern to support individual or collective perseverance in life’s journey.
The eclectic analysis presented will provide future research with a substantive conceptual model. It should also cause one to pause and reflect upon his/her theoretical assumptions and encourage a hearty contemplation of the beliefs that guide and ground nursing, authentic living and interrelating.

Back to Top
Abstract ID: 571

Understanding Teen Pregnancy from the Perspective of Young African American Adolescents: A Qualitative Approach

Presenting Author: Paula Alexander Delpech
Address: 3000 N.E. 151 Street
N. Miami, Florida 33151
USA
Ph: Fax:
Email: delpechp@fiue.du
Institution: Florida International University, school of Nursing

Author List:
Paula Delpech
Paula Delpech

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
The future of any society depends largely on how it responds to the needs of its youth. These needs, however, are becoming increasingly complex, particularly in the area of psychosocial and sexual health. Annually in the U.S., more than 1 million girls under the age of 19 conceive children; 13% of all births in the U.S. are to teenage girls. Teenage pregnancy affects all economic and ethnic groups. In the U.S., 7.2% of White Non-Hispanic, 15.8% of Hispanic and 14.4% of African American teenagers have one child. In spite of measures to decrease the rate of teenage pregnancy among minority groups, teenage pregnancy among African American girls is still 3 times higher than White Non-Hispanic teens. The purpose of this qualitative descriptive study is to explore and describe the lived experience of teenage pregnancy from the perspective of African American Teens.

Using a qualitative phenomenological approach, pilot study data will be collected from pregnant African American teenagers at an alternative public high school to gain an understanding of teenage pregnancy from the perspective of young African American adolescents. Participants will be interviewed using a nondirective interviewing method, and their interviews will be audiotaped and transcribed verbatim. Colaizzi (1978), seven step method will be used to analyze the data. Pilot study findings will be used to refine a semi-structured interview guide for a larger study utilizing the Ecological System Model conceptualized by Bronfenbrenner (1979) to explore factors that contribute to teenage pregnancy among African American teenagers.

Failure to recognize that teenage pregnancy has emerged as a major health and social policy goal set by the National Health Objection in Health People 2010, there still seems to be some issue regarding the root cause and an unwillingness to acknowledge that African American teenagers are likely to require different intervention and policy responses.
Effects of Childbirth Preparation Classes on Self-Efficacy in Coping with Labor Pain in Thai Primiparas

Presenting Author: Chularat Howharn
Address: 915 East 41st Street #104
Austin, Texas 78751
USA
Ph: Fax:
Email: howharn@gmail.com
Institution: University of Texas at Austin

Author List:
Chularat Howharn
Chularat Howharn

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Background: In Thailand, pregnant women rarely receive information about the childbirth process. Only general information related to labor is provided for pregnant women. However, research in Western cultures indicated that childbirth preparation class is one the effective method for helping women in labor to handle with labor pain, the most severe pain women have ever experienced. Thus, in enhancing the level of self-efficacy in Thai pregnant women for coping with labor pain, it should be very helpful for women to be informed clearly with information about labor pain and the variety of techniques to relieve the pain of labor.

Purpose: To determine the effect of childbirth preparation classes on self-efficacy in coping with labor pain in Thai primiparas.

Methods: Thirty pregnant women who attend the antenatal clinic at Surin Hospital, Thailand were randomly assigned to either on experimental or control group. Participants in experimental group have to attend four sessions over the four weeks period. Data were collected at the beginning of the week 1 to establish a baseline, at the end of the fourth class which is the end of the intervention, and at 24-48 hour after delivery. Pair t-test will be used to compare the mean scores of self-efficacy in coping with labor pain between pre and post intervention in experimental group.

Findings: There is an increasing in level of self-efficacy in coping with labor pain in experimental group after attending childbirth preparation classes. There is a significant difference on self-efficacy expectancy during active labor between pre and post intervention (p<.001). There is a significant difference on self-efficacy at second-stage labor between pre and post intervention (p<.005). There is no significant difference on outcome expectancy in active labor and outcome expectancy at second-stage labor between pre and post intervention in experimental group.

Back to Top
MATERNAL PERCEPTIONS OF BODY IMAGES OF MEXICAN-AMERICAN CHILDREN: A PILOT STUDY

Presenting Author: Diana Beckmann-Mendez MSN, FNP
Address: 12902 Paintbrush
Helotes, TX 78023
USA
Ph: Fax:
Email: beckmannmen@uthscsa.edu
Institution: UTHSCSA

Author List:
Diana Beckmann-Mendez
Diana Beckmann-Mendez

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Diana Beckmann-Mendez, MSN, RN, FNP
Doctoral Student
University of Texas Health Science Center at San Antonio
School of Nursing
Purpose: The purpose of this pilot study was to test the feasibility of interview questions and applicability of using the Children’s Body Image Scale (CBIS) in exploring maternal perceptions of body image and childhood obesity of Mexican-American children.

Background: Obesity in children has dramatically increased over the past two decades with estimated one in four children in the United States is at risk for being overweight (BMI > 85th percentile) while 11% are obese (BMI > 95th percentile). Both national and international studies have shown that Mexican-American children in particular have higher rates of obesity than their Hispanic counterparts and other ethnic minorities. Since mothers are widely recognized as the guardians of young children’s health, it is important to gain an understanding of their perceptions of the body images of their children.

Setting and Method: A convenience sample of six Mexican-American mothers with a child or children between the ages of 2 to 5 years old were invited to participate. Data was collected through the use of semi-structured interviews and the CBIS.

Findings: The interview questions and the CBIS were effective in facilitating an understanding of maternal perceptions.

Conclusion: The use of semi-structured interviews in conjunction with the CBIS will be useful tools in exploring maternal perceptions of body image and childhood obesity in Mexican-American children. The combination of these two methods will allow for interpretive opportunities that may add to the already existing body of knowledge or expand the development of the original theoretical understanding.
Premature Infant Feeding Strategies and their Relationship to Distress, Length of Feeding, and Volume Intake

Presenting Author: Tneshia Janeen Sweat BSN Student
Address: 5218 Malik Drive
Durham, NC 27703
USA
Ph: Fax:
Email: tjsweat@email.unc.edu
Institution: University of North Carolina at Chapel Hill

Author List:
Tneshia Sweat
Tneshia Sweat

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Major goals while oral feeding hospitalized preterm infants is to provide positive feeding practice and to minimize infant distress. It has been shown that repeated episodes over time of infant stress/distress can have negative long-term effects on the infants’ developing brain. Caregivers co-regulate infant feeding distress. However, caregiver feeding strategies are often inconsistent, undefined, and undocumented, and are rarely evidence-based. It is not clear which feeding strategies, if any, are associated with infant distress during feeding. The purpose of this study is to examine the relationship of specific caregiver feeding strategies with indicators of infant behavioral and physiologic distress as well as volume intake and length of the feeding. Methods: Forty-eight feedings of 16 infants with a mean gestational age of 27.9 ± 2.6 weeks and mean post-conceptional age of 37 ± 2 weeks were examined for this secondary data analysis. Continuous and episodic infant and caregiver behaviors were coded in the laboratory from the videotapes using an observational coding system (OBSERVER). In addition, percent of prescribed volume intake and length of bottle-in feeding period were calculated. For this analysis, caregiver feeding strategies included positioning and event frequencies of stimulating sucking and cueing pause in sucking. Infant distress variables included percent of feeding time with behavioral distress, swallowing and breathing dysregulation, and SaO2 greater than 5% below the infant’s SaO2 baseline. Analysis: Pearson’s correlation coefficient will be used to test the relationship between caregiver feeding strategies and indicators of infant distress. In addition, we will explore the relationship of caregiver strategies and infant distress with two commonly cited feeding outcomes: volume intake and length of feeding. Discussion: The results of this study will demonstrate which feeding strategies are associated with increased likelihood of infant distress during feeding, thus further defining ways to provide positive feeding practice for preterm infants.

Back to Top
Abstract ID: 577

Backrest position in prevention of VAP and pressure ulcers: Recommendation conflict

Presenting Author: Ruth Srednicki Burk
Address: 7920 Chowning Rd.
Richmond, VA 23294
USA
Ph: Fax: 
Email: burkrv@vcu.edu
Institution: 

Author List: 
Mary Jo Grap
Ruth Burk

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Pressure ulcers are common both in the community and acute care settings, resulting from little or no body position changes in both hospital beds and wheelchairs, and are a considerable source of morbidity, mortality and patient discomfort. Critically ill patients, usually bed bound, sedated, and often ventilated, are at a greater risk of developing skin breakdown. Sedation, frequently used in the critically ill, especially those who are mechanically ventilated, also reduces natural body movements that would ameliorate prolonged tissue pressure. Current practice guidelines from the Agency for Healthcare Research and Quality (AHRQ) recommend reducing pressure ulcer risk with interventions including maintaining the head of the bed at the lowest degree of elevation consistent with medical conditions. The National Pressure Ulcer Advisory Panel (NPUAP) further recommends that if the head of the bed is elevated beyond 30 degrees, the duration of this position needs to be limited to minimize both pressure and shear forces, as limiting backrest elevation to less than 30 degrees is expected to reduce shear and pressure on the sacral area. Ventilator-associated pneumonia (VAP), however, is also a common complication in the acute care setting. A risk factor for bacterial nosocomial pneumonia is aspiration of bacteria colonizing the oropharynx or upper gastrointestinal tract. Colonization of the oropharynx from retrograde gastric contents is frequent in intubated patients. Studies have shown that supine positioning is an independent risk factor for VAP since higher head of bed elevations reduce oropharyngeal aspirations. To reduce the risk of VAP, the Centers for Disease Control guidelines recommend placing the patients in backrest positions of greater than 30 degrees.

In the acute care setting, where both pressure ulcers and ventilator-associated pneumonia are likely to coexist, the simultaneous management of both complications is in conflict. This poster will review the basis of both rationales.

Back to Top
Analysis of the Sago Mine Disaster

Presenting Author: Elizabeth Ann Fiske MSN
Address: 1613 Dunwoody Blvd
Knoxville, TN 37919
US
Ph: Fax:
Email: bfiske@etch.com
Institution: University of Tennessee

Author List:
Elizabeth Fiske

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Homeland Security Nursing is an emerging specialty that requires the application of nursing concepts in non-traditional arenas. Disaster response is an aspect of Homeland Security Nursing that requires coordination of diverse and complex systems. The Synergy Model was developed by the American Association of Critical-Care Nurses to better define the relationship between nursing practice and client outcomes, with a focus on quality of care and cost-containment issues. This model provides an excellent conceptual framework for inquiry into disasters with descriptions of systems characteristics such as vulnerability, complexity and predictability and nursing competencies such as clinical judgment, advocacy, collaboration and systems thinking. The coal mines of West Virginia seem an unlikely place for the application of nursing theory and practice, however a closer examination illustrates a multitude of ways that Homeland Security Nurses could impact mining communities, mining disaster planning and mining safety in general. The Sago Mine Disaster is analyzed utilizing a vulnerability assessment focusing on the inherent environment risks, historical and cultural factors, mining deregulation and documented safety violations. A timeline of the disaster is reconstructed and exposes some of the dilemmas encountered in response and rescue efforts. Communication issues are paramount in this disaster including the lack of ability to contact the trapped miners, intra-response problems and most significantly, the failure to communicate accurate, timely and sensitive information to the families of the miners and the public. Ethical concerns related to trust, accountability, stewardship and equity emerge from the analysis of this disaster. Areas for further inquiry, legislative action and stricter enforcement are presented within the arena of Homeland Security Nursing.
Abstract ID: 581

Pregnant Adolescents: Can what they have to say really make a difference?

Presenting Author: Carla Hester
Address: 313 Salem Road
Conway,
USA
Ph: Fax:
Email: chester@conwaycorp.net
Institution: UAMS

Author List:
Carla Hester
Carla Hester

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
Grants/Research Support:
-UAMS Graduate Funds

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Problem and Specific Aims: Despite 40 years of research in this area, the preterm birth rate has risen from 7.8% in the 1960’s to nearly 14.1% in 2005. Preterm births result in nearly one half million premature babies annually, many of which die or have lifelong disabilities as a result of preterm birth. Pregnant adolescents are at particular risk for preterm birth due to their multitude of risk factors. Few studies include pregnant adolescents, and essentially none allow teens to express their views of this phenomenon. Due to the differences in cognitive and social development, it is essential to understand the influence of the pregnant adolescent’s knowledge and perspectives on outcomes related to preterm labor and birth. Therefore the specific aims for this study were to determine the knowledge and perspectives that the pregnant adolescent has about preterm labor and birth prevention measures. The findings of this study will be used to design developmentally appropriate programs to improve birth outcomes related to preterm birth for this high-risk population.

Methods: A focus group methodology was used, allowing access to attitudes and perceptions of participants within the context of their peer group, while decreasing the perceived risk to the participant (Morse & Field, 1995). The participants were representative of the population at highest risk for preterm birth: first pregnancy and age 15-19 years.

Project relevance to nursing: Nurses were identified by adolescents in this study as key providers of prenatal care and trustworthy information. Based on these findings, nurses have the opportunity to impact pregnancy outcomes for adolescents in a major way. Programs that identify essential education, provide the information by nurses to the adolescent and her significant others, may be the key to impact preterm birth rates in the adolescent population.
Fatigue in African American Women on Hemodialysis

Presenting Author: Daria L. Kring MSN  
Address: 4811 Ramblewood Dr  
Greensboro, NC 27406  
USA  
Ph: Fax:  
Email: dlkring@uncg.edu  
Institution: University of NC at Greensboro

Author List:  
Amy Williams

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:  
Background: Most persons with chronic kidney disease progress to end stage renal disease (ESRD). African Americans (AA) are burdened more by ESRD than other racial groups, and fatigue is one of the most common side effects. Most studies on fatigue in ESRD relate to the prevalence of fatigue and associated outcomes. Few studies have explored factors contributing to fatigue, especially in AA women.

Purpose: The purpose of this cross-sectional study was to examine fatigue and contributing factors in AA women on hemodialysis using the theory of unpleasant symptoms as a guiding framework. The research questions were: (a) What is the proportion of fatigue in AA women with ESRD on hemodialysis?, (b) Are there relationships between the physiological factors of anemia (hemoglobin) and nutritional status (prealbumin or albumin), the psychological factor of mood disorder, the situational factor of social support, and fatigue in AA women with ESRD on hemodialysis?

Methods: A descriptive correlational design was used to answer the research questions. Participants completed a demographic form, the Fatigue Visual Analog Scale, the ENRICHD Social Support Instrument, and the Hospital Anxiety and Depression questionnaire. Physiological data (hemoglobin, prealbumin, albumin) were collected from the medical record.

Results: Thirty six women, ages 27 to 65 (M=52; SD=10.89) comprised the sample. The majority (75%) were fatigued. Correlations were found with mood disorder and fatigue (p<.001), social support and uremic malnutrition (p=.003), and anemia and fatigue (p=.012) and mood disorder (p=.039). The model predicted 38% of variance in fatigue scores (F=4.768 (4, 31); p=.004)

Conclusions: A high proportion of AA women with ESRD experience fatigue. Anxiety was more prevalent than depression and both correlated with fatigue. Future studies are warranted to test interventions that mitigate fatigue thereby improving quality of life in AA women on hemodialysis.
Abstract ID: 583

Breast Self-Exam: Relevance for Young Female Childhood Cancer Survivors

Presenting Author: Michele Montgomery RN, MPH
Address: 332 N. Lauderdale St
Memphis, TN 38105
U.S.
Ph: Fax:
Email: michele.montgomery@stjude.org
Institution: St. Jude Children's Research Hospital

Author List:
Michele Montgomery
Michele Montgomery

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
BREAST SELF-EXAMINATION: RELEVANCE FOR YOUNG FEMALE CHILDHOOD CANCER SURVIVORS

Cheryl Cox, PhD, RN, St. Jude Children's Research Hospital, Memphis, TN
Michele Montgomery, RN, MPH, St. Jude Children's Research Hospital, Memphis, TN; Doctoral Student, The University of Alabama at Birmingham School of Nursing, Birmingham, AL;
Melissa Hudson, MD, St. Jude Children's Research Hospital

Key Words: Breast Self-Exam, Childhood Cancer, Multi-Component Intervention

PURPOSE: The young female childhood cancer survivor is at significant risk for breast cancer as a second neoplasm. While breast self-exam (BSE) is no longer recommended for the general population, for the childhood cancer survivor it may be a life-extending intervention. The purpose of this secondary analysis was to evaluate the impact of a multi-component health education intervention on the frequency of young survivors' BSE practices, and to identify those factors which support or impede BSE.

METHODS: We completed a secondary analysis of data derived from a longitudinal, randomized controlled trial; the original study targeted increasing the practice of multiple health-protective behaviors, while simultaneously decreasing the practice of multiple health-risk behaviors in survivors of childhood cancer (n=267). Structural equation modeling was used to identify the simultaneous impact of intrapersonal (knowledge, beliefs, motivation, affect {worry/concern}) and contextual factors (demographic and social influences) that facilitate or impede the practice of breast self-exam in young female childhood cancer survivors.

FINDINGS: Frequency of breast self-exam (t= -5.098, df=143, p< 0.0001) increased between T0 and T1. Structural equation models (RMSEA = <0.01 with all parameters significant p=<0.05) identify demographic, affective, and motivational influences on the practice frequency of BSE at T0 and T1 in female childhood cancer survivors.

DISCUSSION: Based on these study findings, we offer profiles of young female childhood cancer survivors who are most likely not to practice BSE, thereby becoming targets for intensive intervention during late cancer therapy and follow-up.
Perceived Barriers and Needs of Hispanic Students in Baccalaureate Nursing Programs: Are We Listening?

Presenting Author: Susan M. Baxley MS
Address: 1114 N. Windomere
Dallas, TX 76019-0407
United States
Ph: Fax:
Email: pbaxley@sbcglobal.net
Institution: The University of Texas at Arlington

Author List:
Linda Denke
Jennifer Gray

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Texas Higher Education Coordinating Board

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Context: The most recent United States census has the population of Hispanics at about 38 million, representing 13.5% and the largest minority population. Hispanics are the “missing persons” in the health professions when health disparities have been linked to lack of cultural diversity. An adapted Model of Institutional Support served as a framework to describe barriers and supports to Hispanic students remaining in baccalaureate nursing programs. The model’s components are finances, emotional and moral support, professional socialization, mentoring, academic advising, and technical support.

Objectives: The purpose of this qualitative study was to understand the Hispanic nursing students’ perspectives on nursing and nursing education.

Methods: A descriptive, qualitative approach was used to obtain students’ views of barriers and supports to retention in the nursing program (n=14 students). Two audio-taped focus groups were conducted to allow for the voices of the students to emerge. The audiotapes were transcribed verbatim and independently coded by two of the study team members and then reviewed by the entire team. The adapted Model of Institutional Support guided both starter question development for the focus groups and for the coding of transcripts.

Results: Content analyses of the focus group transcripts revealed themes congruent with the model components of finances, emotional and moral support, professional socialization, mentoring, academic advising, and technical support. Personal determination emerged as a theme not previously identified in the model.

Conclusions: The prominence of the personal determination theme among these students warrants further study, but suggests that success may be enhanced by helping them to capitalize on their personal determination.

Back to Top
Abstract ID: 591

State of the Science Relative to Body Image and Identity Formation in Children and Adolescents with Disfiguring Burns

Presenting Author: Carlee Lehna RN, MS, DSN(c)
Address: 815 Market Street
Galveston, TX 77550
US
Ph: Fax:
Email: clehna@shrinenet.org
Institution: University of Texas Health Science Center Houston

Author List:
Carlee Lehna
Carlee Lehna

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Attractiveness is a major component of a positive body image perception. Children with visible appearance changes are believed to have poorer perceptions of body image. The purpose of this literature review was to examine the state of the science on body image in children and adolescents with disfiguring burns and their siblings.

Methods: Studies were included, both qualitative and quantitative, if the disfiguring burn injury occurred under the age of eighteen and where body image, body esteem, self-concept, or relationships with siblings were research variables.

Findings: No studies were found that included body image and siblings of children with burns. Thirteen research studies pertaining to body image and disfiguring burns in children and adolescents were reviewed. In seven studies, no change in body image scores was reported by age. In two studies, older children were described to have poorer body image scores. In one study, perceived social support by family related to higher body image scores and in another study, family acceptance influenced body image. In two other studies, the relationship between development and appearance was examined. For children with large burns, progressive development resumed after two years. In a final study with adolescents having facial or genital burns, when compared to normative groups, the adolescents with burns were found to be the same regarding feelings, beliefs, and behaviors related to having a boyfriend or girlfriend, dating, engaging in sexual touching or intercourse.

Conclusion: Understanding body image and identity formation in children and adolescents with disfiguring burns and their siblings is a complex issue. There is a paucity of research on the effects of a sibling’s burn injury has on the non-burned sibling. More research is needed with the non-burned sibling to understand their experiences in having a brother or sister whose appearance is altered by a burn injury.
Changing Patterns: The Influence of Ethnohistory on Health Care Beliefs

Presenting Author:  Adrian Melissinos
Address: 2345 Bluebonnet
Houston,
USA
Ph: Fax:
Email: u_melissinos@mail.twu.edu
Institution:

Author List:
Adrian Melissinos
Adrian Melissinos

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Minority Health

Abstract:
Purpose:  The purpose of this field study was to explore the health care beliefs and practices of contemporary African-American elders and their parents and grandparents within an ethnohistoric framework in order to trace changes in health care attitudes among several generations.

Conceptual Framework:  Ethnohistory provided a framework for the study of a particular ethnic group and the factors that contributed to the development of health beliefs and practices of that group.

Methodology:  Ten semi-structured interviews using a prepared questionnaire were conducted at a senior citizens’ community center in a predominantly African-American neighborhood in the southcentral United States. Participants were interviewed by one of six doctoral nursing students. The interviewers followed the prepared questionnaire that consisted of six questions. Responses were separated into two areas, one related to the participant’s ancestors and one related to his/her self. Data were reviewed for commonalities and differences.

Findings/Discussion:  A comparison of ancestors and contemporary African-American elders showed that patterns of health beliefs and practices related to natural/home remedies, diets, and access to health care tended to change over the generations. A belief in diets, for example, was virtually nonexistent for the ancestors of this group, yet a belief in diets permeated the contemporary group. The belief that worrisome thoughts affect health tended to cross generations.

Significance:  Ethnohistory provides clues to the current beliefs of individuals based on their past history and changes (or lack of change) in health beliefs over time. Historical health belief interviews support the value and goals of health education to bring about change.
Undergraduate Minority Students as Contributors in International Research Studies: MHIRT Scholars Prepare for Researching Abroad

Presenting Author: Angelica Gonzalez Student
Address: 7302 SW 123 Place
         Miami, FL 33183
         USA
         Ph: Fax: 305-348-7765
         Email: angelicag@yahoo.com
         Institution: Florida International University

Author List: Angelica Gonzalez
             Tahira Memon

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
In order to do research that translates to the needs of minorities, students need to learn early about the connection between research and practice. To expand students’ view beyond their own practice settings, the Minority Health International Research Training Program at FIU supports a research semester abroad. This presentation describes the preparation of the first group of undergraduate MHIRT scholars as contributors to research in underserved populations. All scholars work abroad with European and Latin American nursing researchers on projects about the care of disadvantaged populations. Our preparation consisted of an interactive process applied to a practicum in faculty projects in a special research course. In class, we shared observations and analytical journal entries through presentations and discussion. Preparation for travel also included an online seminar about the culture, health issues and health systems of England, Italy, and Germany, as well as conversations with a penpal from those host countries. When comparing our experience with other undergraduates, we found that we were excited about doing research. This was due to active participation in research teams. We gained increased self-confidence, and awareness of culture and disadvantaged groups. We learned to search for and apply information to our topics, reflect on research findings, and consider their application in practice. Our mentors helped us to establish personal future research goals. The practicum faculty researchers reported high satisfaction with our work: literature reviews, summaries of research issues, data collection interviews, and data entry. We are now confident to travel abroad and highly motivated to work with our European research mentors. In the presentation, we will share diary entry excerpts that reflect our insights about how our preparation experience with research broadened our understanding of the connection of research and practice. We were surprised that we could actually contribute in research to benefit underserved populations.
Mothers’ Experiences Viewing their Neonate through ANGEL EYE

Presenting Author:  Sarah J. Rhoads MNSc, APN, RNC
Address: 6917 Gap Point Circle
Sherwood, AR 72120
USA
Ph: Fax: 501-686-8695
Email: SRhoads@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:  Sarah Rhoads

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Qualitative

Abstract:
Background: University of Arkansas for Medical Sciences (UAMS) averages 60 maternal transports monthly. Often once the infant is delivered, family members must return to their hometowns, leaving their neonate at the hospital. A 24-week gestational age neonate may remain hospitalized over three months, placing a significant financial and emotional strain on the family. In the US there are only three neonatal intensive care units (NICU) with web access, and currently, ANGEL EYE is the only one that provides live video feed.

Purpose: The purpose of this study is to explore mothers’ experiences viewing their neonate through real-time video technology during NICU hospitalization.

Methods: ANGEL EYE is a one-way, real-time video feed from the neonate’s bed to a website only accessible to family and selected hospital staff. A descriptive phenomenological approach was used to collect data among four mothers that used ANGEL EYE. These women were interviewed for 1-2 hours. The audio-taped interviews were transcribed. While analyzing data, the researcher compiled a code book identifying emerging themes with assigned codes and definitions.

Results: All mothers expressed viewing their infant twice daily aided in connecting with their baby, thus enhancing bonding while eliminating the distance barrier. Participants provided positive feedback regarding the technology. Participants stated ANGEL EYE assisted in relieving anxiety. They enjoyed and reassured themselves while viewing their baby before bedtime. Mothers explained the technology assisted family members from other states to see the baby, further connecting the family. Often several family members would view the baby simultaneously.

Conclusions: Further investigations will yield a greater understanding of the physiological and psychological affects of ANGEL EYE. This pilot study data will be used for future quantitative studies, which will explore the effects of ANGEL EYE on maternal attachment, postpartum depression, and anxiety related to the NICU environment and paternal and sibling attachment.
The Graduate Nursing Student Experience in Computer-Mediated Classes: A Grounded theory Study

Presenting Author:  David Crowther PhD
Address: 80 Tisdale Drive
Dover, MA 02030
USA
Ph: Fax: 508-785-1555
Email: dcrowther54@yahoo.com
Institution:

Author List:
David Crowther

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Education

Abstract:
The purpose of this study was to describe and explore the online learning experience through the perceptions of six post-master’s Gerontological Nurse Practitioner (GNP) students. Student-respondents were enrolled in an introductory, entirely web-based Gerontological Nurse Practitioner course. Because of the contemporary nature of this pedagogical approach and concomitant dearth of existing nursing research regarding the process of online learning, a Grounded Theory (GT) qualitative methodological approach was utilized. The GT method promotes framework and theory building by systematically collecting and analyzing data from multiple sources. Collected data are subjected to the constant comparative method whereby constant interplay between analysis and ongoing data collection occurs resulting in substantive theory development. Findings concluded students perceived high levels of mutual student-student and student-facilitator computer-mediated interaction which aided online synergistic group formation, coalescence and learning. Students acknowledged that the course facilitator helped set the tone and provide the conditions conducive to engaged virtual learning. Students perceived control over their online learning environment secondary to convenient course accessibility independent of time and place. This independence allowed students to effectively manage their time while balancing life and family commitments. Initially perceived negative technical, software, and e-mail problems related to online learning later became catalysts for group growth and problem solving. GT methodology through the constant comparative method allowed for the development of a core category and subsequent development of the emerging theory of e-Synerogy. E-Synerogy encapsulates a versatile and dynamic virtual learning environment especially suited for small groups. As a pedagogical approach, e-Synerogy actively promotes interactive student-facilitator presence, collaboration, and the mutuality deemed conducive to engaged virtual learning.
Recruiting vulnerable populations for research: Roadblocks or opportunities for doctoral students and other researchers

Presenting Author: Sharon Karp PhD (c), RN, CPNP
Address: 602 Godchaux Hall 21st Avenue
Nashville, TN 37240
USA
Ph:  Fax:  
Email: sharon.karp@vanderbilt.edu
Institution:

Author List:
Sharon Karp
Sharon Karp

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:

Purpose: The purpose of this project to is to discuss the roadblocks and opportunities doctoral students and other researchers face when recruiting a vulnerable population such as adolescent mothers.

Background: Doctoral students and other researchers who include vulnerable populations, such as adolescents, in research projects are often faced with challenges in subject recruitment. This presentation describes a doctoral student's experiences recruiting first-time adolescent mothers, aged 15 to 22 years old. Mothers were recruited to participate in a dissertation project to examine the relationship between maternal psychosocial factors and infant feeding practices. Data collection is currently on going.

Discussion: Two major foci in the development of the dissertation were the protection of human subjects’ rights and maximizing subject recruitment. Issues related to the protection of human subjects’ rights included: federal and state law regarding legal rights of adolescents, IRB standards related to adolescent assent, and questions regarding parental involvement. Issues related to subject recruitment included: identification of primary caregivers, timing of interviews, and flexibility in interviewing methods.

Conclusion: Developing research protocols and recruiting subjects from a vulnerable population can lead to many roadblocks and study enrollment challenges. Issues related to subject recruitment that should be considered include where and how interviews are conducted, protecting participant's privacy, and identifying best ways to recruit subjects. Considering the issues of assent, parental involvement, and privacy are critical as researchers develop projects involving adolescents. Even with careful consideration, researchers must remain open to the need for modification of study protocols to accommodate the needs and rights of participants.

The difficulties that can arise from working with vulnerable populations, such as adolescents, should not deter future research projects from being developed. Rather, researchers should understand that “roadblocks” which may result in some ‘detours’ are an expected component of projects, especially during the course of subject recruitment.
Contributing Factors to Salutogenesis: Persons with Chronic Illness

Presenting Author: Kimberly M Jones
Address: 113 Oriole Cove
Cedar Creek, TX 78612
USA
Ph: Fax:
Email: joneskm@uthscsa.edu
Institution: University of Texas Health Science Center at San A

Author List:
Kimberly Jones

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose/Aims: The purpose of this descriptive study of persons living with arthritis conditions is to conduct a secondary content analysis to identify social support linked factors contributing to a salutogenic perspective of challenges faced during chronic illness experiences.

Research question: What social support factors emerge as contributors to a salutogenic orientation for persons living with arthritis conditions?

Significance: Salutogenesis, movement toward health and well-being, focuses on the Sense of Coherence (SOC) as defined by Antonovsky. SOC is a global orientation that expresses the extent to which one feels confident that one’s internal and external environments are predictable and that there is a high probability things will work out as well as can reasonably be expected. A noted factor in building a strong SOC is support from family, friends, and community. The study examines descriptions of social support systems and the benefits seen in ability to manage chronic illnesses.

Method: A sample of 900 persons diagnosed with arthritis conditions, participants in a descriptive study focusing on the testing of a self-help model, responded to open-ended questions asking for descriptions of particular important times when having others available made differences in one’s ability to manage despite having a chronic illness. The content analysis will provide a count of responses that are congruent with a “Sense of Coherence”. Coding training and assessment of inter-rater reliability has been established with the research team.

Findings: The analysis of the first 50 cases will be completed by December, 2006.

Discussion: Participants’ chronic illness experiences and their descriptions of social support will be related to Antonovsky’s Salutogenesis model.
Abstract ID: 601

The Impact of Bilirubin Testing on Neonates in the Newborn Clinic

Presenting Author:  Leticia Martinez RN
Address: 10518 Ambursen
 Houston, TX 77034
 USA
 Ph: Fax: 713 873-3630
 Email: Leticia_Martinez@hchd.tmc.edu
 Institution: Ben Taub General Hospital

Author List:
Carol Lynn Ilanga

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Parent-Child

Abstract:
Statement of Purpose: To explore methods of reducing length of stay in newborns requiring bilirubin testing in an outpatient clinic.
Research Questions: 1) What procedures can be incorporated to reduce length of stay in newborns requiring bilirubin testing? 2) What are the relationships among sociodemographic attributes (e.g., gestational age, ethnicity, gender, breast versus formula-fed), physiologic biomarkers (e.g., skin and scleral color, hydration status, muscle tone, level of consciousness), and length of clinic visits (e.g., times of arrival, blood draw, lab results, and discharge) in newborns with hyperbilirubinemia?
Significance: Researchers have noted that prolonged hyperbilirubinemia can lead to kernicterus (brain damage); therefore, early detection is imperative. Most of the new mothers are tired and often experiencing postpartum pain. Reducing the wait time can increase customer satisfaction among the mothers and enhance care for their newborns.
Methods: Descriptive, correlational design; convenience sample; Instruments included: Demographic Data Form (investigator-generated) and biophysiologic measures. Data were collected between January and October 2005. In an attempt to reduce length of clinic visit, another clinician was hired, laboratory slips were designated priority with a pink marker, lab was alerted about specimen arrivals, pre-packaged blood testing kits were used, and blood was drawn upon arrival in the clinic in jaundiced babies.
Findings: N=1,112; All participants were less than one week old; 1,045 (94%) were Hispanic; 21.1% (n=233.5) were breast-fed exclusively, 11.5% (n=122.3) were formula fed exclusively, and 67.4% (n=745) were both breast and formula fed; Fifty-seven percent (n=632) were discharged from the clinic in less than 3 hours compared to 19% before the new process was initiated.
Discussion: These findings have the potential to decrease healthcare costs, increase quality of care, and enhance quality of life in newborns experiencing jaundice.

Back to Top
Clinical Decision Making of Nurses’ Regarding Elder Abuse

Presenting Author: Diana J Meeks-Sjostrom PhD in Nursing
Address: 3363 Preakness Court
Marietta, GA 30062
USA
Ph: Fax:
Email: sjomee@earthlink.net
Institution: Georgia State University

Author List:
Diana Meeks-Sjostrom

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Clinical Decision Making of Nurses’ Regarding Elder Abuse

Elder abuse is on the rise due to the increasing elderly population and lengthening of life span. Nurses have an opportunity and a responsibility to identify victims of elder abuse. Registered Nurses need to use their knowledge and clinical decision-making skills to make accurate clinical decisions regarding elder abuse in elderly patients. The purpose of this study is to determine the relationship of RNs knowledge of elder abuse, years of experience as a RN, and the clinical decision-making process of RN. A cross sectional, descriptive, correlational design based on this new model of clinical decision making in nurses regarding elder abuse will be used to study outcomes in a sample of 100 RNs who have completed their 90 day probation period in an acute care hospital. The specific aims of the study are to: (1) determine the relationship of nurses’ knowledge of elder abuse, years of experience as a nurse, level advancement status, clinical decision-making regarding elder abuse, and the clinical decision outcomes of elderly patients made by RNs about elder abuse, controlling for administrative policies and (2) Describe the characteristics of the RNs. Data will be collected via administration of questionnaires. Identification of factors associated with the clinical decision making by the RN is essential for future development and testing of interventions and instruments to improve the reporting of elder abuse. Significance: With the aging population and increase in prevalence of elder abuse, the elderly have a right to live without abuse. As well, hospitals need to ensure RNs have the necessary knowledge/training of elder abuse to report it appropriately. By determining the relationship between nurses’ knowledge of elder abuse, years of experience as a RN, and clinical decision-making regarding elder abuse training/knowledge initiatives can be developed.
Family Cohesion, Mastery, and Acculturation as Predictors of Depression in Pregnant Hispanic Women

Presenting Author: Thomas (Thom) Mendez MSN, RN, CNS
Address: 2112 McDuffie
Houston, Texas 77019
USA
Ph:  Fax:  Email: tbmendez@utmb.edu
Institution: UTMB

Author List:
Thomas (Thom) Mendez
Thomas (Thom) Mendez

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: To examine family cohesion, mastery, and acculturation as predictors of depression in Hispanic women.

Methods: Constructs were: family cohesion (Family Adaptability and Cohesion Scale II), mastery (Mastery Scale), acculturation (Language Proficiency Scale), and level of depressive symptoms (Center for Epidemiologic Studies Depression Scale [CES-D]). The sample was comprised of 381 women. Participants were Hispanic females, 22-24 weeks pregnant, lower socio-economic status, receiving prenatal care in three clinical sites in Texas caring for women. Participants were administered a series of psychometric tests to measure psychological markers in pregnancy.

Results: For the CES-D, we used a cutoff of ≥16 as high for depressive symptoms. Logistic regression was used taking the CES-D lowest to highest scores in percentiles. The odds ratios for depressive symptoms were significantly different by quartile, with the outstanding findings being identified in the lower quartiles in mastery and family cohesion. The lowest percentile for mastery (<25%) had 14.47 OR (CI 5.7, 36.8, df 1, p < .000) of a greater likelihood of demonstrating depressive symptoms. The lowest percentile for family cohesion (<25%) had a 2.32 OR (CI 1.03, 5.21, df 1, p < .04) of a greater likelihood of demonstrating depressive symptoms. Spanish acculturated women had a .42 OR (CI .22, .79, df 1, p .007) greater likelihood of demonstrating less depressive symptoms.

Conclusions: A total of 32 percent of the participants had high depressive symptoms. The lower the sense of mastery and family cohesion were, the greater the depressive symptoms were. These results indicate that family cohesion and a sense of mastery protect against depression in this sample. These results also suggest that retention of the Spanish culture (as measured by Spanish language proficiency) is protective for depressive symptoms. These results support further investigation of protective factors related to deteriorating emotional well being with acculturation.
Abstract ID: 610

The Association between Spirituality and Health Outcome Measures

Presenting Author: Amber Jillian Brown BSN
Address: 631 Lory Lane
Grovetown, Georgia 30813
USA
Ph: Fax:
Email: ambbrown@students.mcg.edu
Institution: Medical College of Georgia

Author List: Amber Brown

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: Although there is an increasing amount of data to support the association of religiosity and/or spirituality (RS) factors and self-reported health behaviors, there is a lack of consensus of the association between RS factors and biobehavioral health outcomes validated by biomarkers. The purpose of this literature synthesis was to critically analyze the associations between RS factors and health outcomes. The following research question was addressed: What associations exist between RS factors and health outcomes as measured by biomarkers?

Methods: Medline (1966-2006) and CINAHL (Cumulative Index to Nursing and Allied Health Literature (1982-2006) databases were used to locate published research studies that examined the association of RS factors and health outcomes that were validated with biomarkers. Inclusion criteria were that the research studies be data-based, available in English, and have both spirituality or religiosity and report biomarkers as outcome measures. There were 603 articles included in the initial review, with 12 meeting the inclusion criteria.

Findings: The results demonstrated that there were associations between RS factors with certain measurable health outcomes, especially immune and cardiovascular outcomes. Positive associations exist among RS factors and the following desired outcomes: diurnal cortisol levels in female fibromyalgia patients and HIV-infected patients; blood pressure in older adults, young Hispanics, adult females, and African Americans; c-reactive protein in diabetic patients; CD4+ count in HIV-infected gay men; cholesterol in Jewish participants; and leukocytes (WBC and total lymphocytes) in women with breast cancer. Mixed associations exist among RS factors and IL-6 levels in older adults.

Discussion: Data from this integrative review reveals promising correlations among RS factors and positive health outcomes. Further research is needed for the conceptual clarification of RS factors, as well as further validation of the effect of R/S factors on health outcomes.
Outcomes of Including HESI Speciality Exams as a Component of Course Grades

Presenting Author: Melissa Ethington MSN
Address: P.O. Box 10081
Beaumont, TX 77710
USA
Ph: Fax:
Email: melissa.ethington@lamar.edu
Institution: Lamar University

Author List:
Barbara May
Barbara May

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Purpose:
Controversy exists regarding the use of HESI specialty exam scores as a component of students’ course grades. The purpose of this study was to examine the specialty exam scores for students from two cohorts to discern differences between the groups in reference to when the HESI specialty exam scores did count and when scores did not count into their course grade. The research questions were: Would students score higher on the HESI specialty exam when their score was calculated into their course grade? Would including the grades on HESI specialty exam cause a student to fail a nursing course?
Method:
This retrospective pilot study was comprised of 84 students in a southern accredited associate degree program. For the 2004 cohort the HESI specialty exam scores in mental health nursing and pediatric nursing did not count into their course grade. For the 2005 cohort the HESI specialty exam scores did count 5% of their course grade. Comparison of scores is being analyzed by means of descriptive and referential statistics.
Findings:
Preliminary findings revealed increased percentage of students from cohort 2005 passing HESI specialty exams in both mental health and pediatric nursing at the benchmark of 900. Also there were a decreased number of students from cohort 2005 who failed the HESI specialty exam at 75% or lower. Finally, no students failed in their course grades as a result of their HESI specialty exam scores.
Discussion:
These findings support that it may be appropriate and important to consider using HESI specialty exam scores as a component in computing students’ course grades. Continually monitoring outcomes of HESI specialty exam scores as they relate to both associate degree programs and baccalaureate degree programs will be an ongoing process.
Cardiac Allograft Vasculopathy and Steroid Therapy: Impact on Perceived Health Status and Functional Capacity in Heart Transplant Recipients

Presenting Author: Pamela B. Sharp MS, RN
Address: 5391 Old Shipyard Lane
   Gloucester, VA 23061
   US
Ph: Fax:
Email: sharppb@vcu.edu
Institution: Virginia Commonwealth University

Author List:
Pamela Sharp
Kathy Baker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Although heart transplant recipients (HTRs) report improvements in perceived health status (PHS) and functional status (calculated VO2) after transplant, the impact of corticosteroid maintenance immunosuppression (CMI) and allograft vasculopathy (CAV) on PHS and VO2 in long-term HTRs is not fully understood. The purpose of this study was to determine the independent vs additive effects of CMI and CAV on PHS and VO2 in HTRs. 95 HTRs (post-transplant = 100.3 months; SD = 50.8) from two transplant centers participated. HTRs (age = 56.8, SD = 10.05) were primarily male (92%), Caucasian (82%), married (68%), and well-educated (45% > HS education). 20% worked full time, 40% had CAV, and 20% required CMI. PHS was measured with item #1 of the SF-36, an overall rating of health status (1 = poor, 5 = excellent). VO2 was calculated using the 12 item Duke Activity Status Index (DASI). Summed weighted responses (metabolic equivalents) produce the DASI score used to compute VO2. A 2X4 factorial design classified patients by CMI and CAV. ANOVA included tests for CMI and CAV main effects and interactions. PHS among groups was not significantly different (F [3, 91] = 1.77, p = 0.16), with no significant interaction (F [1, 91] = 0.22, p = 0.64). There was a difference in PHS due to CMI (F [1, 91] = 5.27, p = 0.02). VO2 among groups was not significantly different (F [3, 91] = 0.01, p = 0.99), with no significant interaction (F [1, 91] = 0.03, p = 0.86). The non-significant relationship between PHS and CAV suggests that HTRs are not symptomatically burdened by CAV. Because of multiple comorbidities associated with corticosteroid therapy, HTRs receiving CMI may perceive poorer health than those not receiving CMI. Future research aimed at evaluating interventions to prevent co-morbidities associated with CMI is warranted.
Abstract ID: 615

Reliability of the Nursing Child Assessment of Feeding Scale during Toddlerhood

Presenting Author: Eric Ashworth Hodges PhD
Address: 1222 Omar Street
Houston, TX 77008
USA
Phone: Fax:
Email: erasho@yahoo.com
Institution: Baylor College of Medicine

Author List:
Eric Hodges
Eric Hodges

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- National Institute of Nursing Research
- The Northwest Health Foundation
- Nurses Educational Funds, Inc.

FDA Disclosure: Cleared: Yes

Abstract Subject: Psychometrics/Instrumentation

Abstract:
A primary parenting task is helping young children establish healthy feeding patterns that will support ongoing growth and development. Unfortunately, significant numbers of young children develop feeding patterns that lead to nutrition problems, such as failure to thrive and, increasingly, overweight. The quality of feeding interaction has been proposed as a potentially important contributor to these nutrition problems, yet in the case of child overweight this proposition has received little systematic inquiry. A lack of age-appropriate instrumentation has hindered assessment of this proposition. Thus, one of the primary aims of this study was to examine the reliability of the Nursing Child Assessment of Feeding Scale (NCAFS) during toddlerhood. A longitudinal design was used to assess NCAFS reliability at 12, 24, and 36 months. Videotaped feeding observations of 116 mother-toddler dyads, collected as part of a larger study examining mother-child interactions and adaptations of toddlers, were coded using the NCAFS. Reliability of the NCAFS at 12, 24, and 36 months was explored through assessment of interrater reliability, internal consistency of the various subscales and the scale as a whole, and stability of the scale measurements over time. Interrater reliability was generally quite good. The internal consistency of the NCAFS was low at each age. Maternal contributions to feeding interaction quality demonstrated stability over time; dyadic and child contributions did not. The low internal consistency was likely due to relatively low levels of variance among the dyads within each age and the attrition of several behavior items due to zero variance. Reasons for this restriction of variance and several approaches for improvement of the internal consistency of the NCAFS during toddlerhood are considered. A revised NCAFS may be useful in assessment of feeding interaction quality during the transition to toddlerhood when issues of control and autonomy become increasingly salient.
Abstract ID: 616

The Lived Experiences of Pre-Term and Pre-Labor Stress

Presenting Author: Jennifer L. Kelly MSN
Address: 220 Green Isle Ave
Dickinson, TX 77539
USA
Ph: Fax:
Email: jkelly@utmb.edu
Institution: University of Texas Medical Branch

Author List:
Jennifer Kelly

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The purpose of this qualitative descriptive pilot study that employed a phenomenologic approach was to describe the lived experiences of pre-labor and pre-term stress and anxiety among a sample of African American mothers. Over four billion healthcare dollars are spent annually in the United States on the management of pre-term labor and the care of infants born prematurely. Several researchers have found that elevated levels of stress and anxiety during a woman’s pregnancy significantly increase her risks for pre-term labor and delivery. Specifically, gravid women with moderate levels of anxiety are 1.8 times more likely to deliver prematurely than women with low and normal levels of anxiety. Women with high anxiety levels are 2.6 times more likely to deliver prematurely. Given that the pre-term delivery rate for African American women is nearly twice that of non-Hispanic white women, experiences of anxiety and stress during African American women’s pregnancies warrant investigation.

To guide the future preparation of a mixed methods dissertation to study pre-labor and pre-term stress and anxiety among pregnant African American women, pilot work reported here aimed to: 1) describe the meanings African American mothers ascribe to their experiences with stress and anxiety during pregnancy, and 2) explore interpretations of psychosocial prenatal care experienced by African American mothers during pregnancy. Criterion sampling provided three African American postpartum mothers of infants born before 37 weeks gestation at a university hospital. After signing the informed consent, participants were interviewed in a private setting. Narratives elicited by the prompt, “Talk about anything that you felt nervous, upset, or worried about during your pregnancy, even if they are not related to your pregnancy or the baby,” were transcribed and analyzed according to Colazzi’s method. Emergent themes and units of meaning that describe the study sample’s experiences will be reported at the SNRS meeting.

Back to Top
Effectiveness Of A Nurse-Client Interaction On Adherence To A Hypertensive Regimen

Presenting Author: Dionne Roberts PhD (c), MSN, FNP-C
Address: 4260 Julius Court
Greensboro, North Carolina 27406
USA
Ph: Fax:
Email: ddroberts@triad.rr.com
Institution: Hampton University

Author List:
Dionne Roberts
Dionne Roberts

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Miscellaneous non-income support:
-Winston-Salem State University

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: African Americans have more complications from hypertension than their white counterparts, but lifestyle modifications can decrease blood pressure and prevent complications. The purposes of the study are: 1) to explore the effectiveness of a diet and exercise educational intervention on adherence to a hypertensive regimen with African Americans and 2) to describe the perceptions of the participants and their significant others on living with hypertension.

Research Questions: 1) What is the effect of the nursing intervention of diet and exercise education on adherence to a hypertensive regimen with African Americans? 2) What are the perceptions of the participants and their significant others on living with hypertension?

Methods: A mixed method research design will be used with a sample of 60 hypertensive African American participants, ages 18-64. There will be an intervention and comparison groups for the 12-week study. The intervention will be a weekly telephone support call and monthly educational meetings. Blood pressure, pulse, and weight will be measured with the intervention and comparison groups at the initial visit and at 12 weeks. The intervention group will have these measurements taken monthly at the educational meetings. The participants of the intervention group will be given an open-ended questionnaire at the end of the study and telephone interviews will be conducted with their significant other.

Descriptive statistics will describe the sample characteristics. ANCOVA will be used to determine the differences between the groups by controlling the variables, smoking and drinking. Content analysis will be utilized to analyze and interpret the data from the open-ended questionnaires and telephone interviews.

Findings: Study findings will provide information to improve hypertension in African Americans.
What is the role of the acute care nurse as the care environment moves into the community in times of a disaster?

**Presenting Author:** Michelle Hand Villegas MSN  
Address: 8 Prairie Lace Court  
Wichita Falls, Texas 76310  
USA  
Ph: Fax:  
Email: michelle.villegas@mwsu.edu  
Institution: uta Ph.D student

**Author List:**  
Michelle Villegas  
Michelle Villegas

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

**FDA Disclosure:** Cleared: Yes

**Abstract Subject:** Education

**Abstract:**  
The purpose of this research is to assess the level of understanding, of the acute care RN's ability to transition in times of a disaster; from a controlled enivironment to a locus of chaos.  
In the aftermath of Hurricane Katrina, nurses were caught in a situation that they had never experienced before. Due to the lack of experience and training, nurses were overwhelmed. In addition, there was little appreciation for disaster training and readiness. The medical staff were unable to transition from a normal controlled environment to an environment of chaos.  
Gaining an appreciation for disaster planning, the ability to function as if in a mass casualty incident will increase self-confidence and enhance organization in the medical staff should another disaster occur.  
This qualitative approach will be conducted through research questions, data collection. This is a study in-progress as of this moment.
Gang Violence and Adolescents' Self-Concept

Abstract ID: 626

Presenting Author: Sarah Kelly M.S.N., Ph.D student
Address: 3901 Rapid Run Drive Apartment 322
Lexington, KY 40515
USA
Ph: Fax:
Email: sarah.kelly@uky.edu
Institution: University of Kentucky College of Nursing

Author List:
Sarah Kelly

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Background/Significance: Gang violence is an escalating public health problem in society. In 2000, the National Youth Gang Center estimated that there were 772,500 active gang members in the United States. Victims of gang violence suffer physical injuries (aggravated assault, rape, stabbings, and gun shot wounds) with little attention to the consequences on mental health and psychosocial development.

Purpose: To investigate and improve nurses’ knowledge about gang violence and the impact it has on adolescent victims’ mental health development, in particular their self-concept.

Research Question: What can nurses do to influence the care of adolescents who have been victimized by gang violence?

Method: This comprehensive review of literature utilized concept analysis to explore gang violence and adolescent self-concept.

Preliminary Findings: Few nursing studies explore gang violence and the impact it has on adolescents’ self-concept. Gang violence is primarily associated with males although females can be gang supporters and participate in some gang activities. Underlying attributes for gang violence include: masculinity, need for superiority, and socioeconomic status and unemployment. Violence inflicted by gang members has a ripple effect throughout the community causing physical and mental harm. Adolescent victims of gang violence can have lasting effects of violence or in some cases have only short term effects if their self-concept is intact. Self-concept is influenced by their: parental support, personal views, body image, social acceptance and image. These factors mitigate negative effects of gang violence.

Discussion: Nursing research can increase our understanding of gang violence and the affect on self-concept. The lack of knowledge and evidence-based prevention, assessment and interventions can lead to recurrent hospital visits and long-term mental health problems for adolescents. Through enhanced knowledge and increased skills, nurses in acute care and community settings can interact appropriately with traumatized adolescents, target those at highest risk and develop community based preventative measures.
Dietary patterns among overweight African American adults

Presenting Author: Daurice A. Grossniklaus MS, MEd
Address: 1836 Grist Stone Ct
Atlanta, GA 30307
USA
Ph: Fax: 404-727-7073
Email: dgross2@emory.edu
Institution: Nell Hodgson Woodruff School of Nursing, Emory Uni

Author List:
Daurice Grossniklaus

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Background: The hallmark of obesity is an imbalance between energy expenditure and energy consumed through dietary patterns. Dietary patterns, including caloric food and beverage intake, fast food consumption, and meal skipping, may vary by gender. The relative importance of caloric beverage consumption to other dietary patterns is not well documented. The purpose of this sub-study was to examine dietary patterns among overweight African American adults enrolled in a trial testing the effectiveness of lifestyle modifications on cardiovascular disease risk reduction. Methods: All participants (n=15) were diagnosed with hypertension and two or more parameters of metabolic syndrome. Prior to intervention, participants recorded their dietary intake for three consecutive days using a standardized food record. Records were analyzed with a computer program to determine daily caloric intake. Caloric intake of beverages and solid foods was calculated. Univariate correlations between terms were analyzed using Spearman’s rho. Gender differences in dietary patterns were analyzed using the Mann Whitney statistic. Results: Sample of seven men and eight women with mean age: 51.1 ± 9.4 years, mean waist circumference: 107.5 ± 11.8 cm men, 113.6 ± 10.4 cm women; mean BMI: 34.6 ± 5.3 kg/m² men, 40.2 ± 5.5 kg/m² women; mean daily caloric intake: 1756.9 ± 583.4 (range 618.7-3040.7); mean caloric beverage intake: 317.1 ± 271.5. Men and women did not differ on average number of meals skipped or average number of meals purchased at restaurants. Caloric beverage consumption and average number of meals skipped were negatively correlated (r=-0.667, p=0.007); caloric beverage consumption and average number of meals purchased at restaurants were positively correlated (r=0.531, p=0.042). Conclusions: As the number of skipped meals increased, caloric beverage intake decreased. Higher caloric beverage intake was associated with more meals purchased at restaurants. Weight management interventions should target caloric beverage consumption as a means to reduce energy intake.
Abstract: 
Primary Subject Words: childhood obesity, childhood overweight, home cognitive stimulation

Purpose: 
The United States has witnessed a dramatic increase in childhood obesity in the last three decades. Childhood overweight and obesity may have lifetime consequences; taxing individuals and the healthcare system. Environmental factors have been found to influence childhood obesity; however, the extent of influence is unclear. The purpose of this review is to explore the relationship of decreased home cognitive stimulation and obesity in children 1-6 years of age, identify knowledge gaps in existing literature, and discuss future research areas.

Method: 
An exhaustive literature search was completed. CINAHL, Pubmed, Medline, and PsychINFO were the databases included in the literature search. The primary keyword childhood obesity was paired with each of the following words: cognitive stimulation, environment, socioeconomic status, and HOME. Six studies meeting the inclusion criteria were reviewed using the Matrix Method and a critical analysis of the literature were conducted.

Findings: 
Analysis of the literature indicates conflicting results about the association between the absence of home cognitive stimulation and the increase of childhood weight. Four studies have evaluated the effect of home cognitive stimulation; the same primary investigator conducted three of the four studies. All four studies were nonexperimental correlation and descriptive designs, providing no manipulation, randomization, or control, limiting the ability of these studies to demonstrate the influence of home cognitive stimulation on childhood weight.

Discussion: 
More knowledge is needed to understand the impact of home cognitive stimulation on the weight of the child. Filling this knowledge gap may allow healthcare providers to prevent childhood obesity by: understanding the effect of home cognitive stimulation on obesity, recognizing homes with low cognitive stimulation, identifying interventions that may improve home stimulation, and implementing interventions in early childhood.
A Qualitative Analysis of Remediation and Rehabilitation Activities in Nursing Students’ Performance Improvement Plans

Presenting Author: Angel Parker
Address: 3500 John A. Merritt Blvd Tennessee State University Box 6006
Nashville, TN 37209
USA
Ph: Fax: 901-448-4121
Email: aparker15@mytsu.tnstate.edu
Institution: Tennessee State University

Author List:
Angel Parker
Cynthia Russell

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Significance/Purpose: There has been limited focus in collecting information about patient safety incidents in which nursing students may be involved. The overall purpose of our research was to collect data on nursing students’ near misses, errors, and adverse events from an individual, student-level and an organizational, systems-level perspective. In this study we examined the remediation and rehabilitation (R&R) activities documented in Performance Improvement Plans (PIPs) generated for nursing students in clinical courses.

Methods: The researchers used a case study approach to describe nursing students’ near misses, errors, and adverse events in one Canadian university. The broader study included focus groups with students, faculty, and clinical agency staff/administrators. We also conducted a qualitative content analysis of the R&R activities of 63 PIPs, which were learning contracts between students and faculty that outlined student errors. The PIPs represented 6 unique clinical courses over a 9 year period (1995-2004). Demographics of students represented in the PIPs included 50 women and 13 men, most of whom (70%) were born in Canada, age 19 to 50 years old (mean=28 years).

Findings: A total of 490 R&R activities spanned 3 phases in the 63 PIPs. In the pre-clinical phase, 96 R&R activities (20% of the total) were identified that collapsed into 4 themes. The clinical phase contained 288 R&R activities (58% of the total) that sorted into 13 themes. The final post-clinical phase included 106 R&R activities (22% of the total) and divided into 4 themes.

Discussion: Almost 50% of R&R activities focused on students’ communication skills. With few exceptions, the PIPs represented classroom/clinical faculty recommendations for improvement with limited identification of students’ strengths. We found inconsistency in documentation across the R&R activities, combined with a lack of measurable outcomes and information to enhance students’ success. Based on our findings, we propose a common template for recording R&R activities.

Back to Top
STETHOSCOPES AS A VECTOR FOR THE TRANSMISSION OF HOSPITAL ACQUIRED INFECTIONS

Presenting Author: Allison M Lewis BSN Student
Address: 1625 NW 3rd Ave Apt B4
          Gainesville, FL 32601
          USA
          Ph: Fax: 352-273-6536
          Email: allikat7@ufl.edu
          Institution: University of Florida

Author List:
Allison Lewis
Allison Lewis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Background: Hospital acquired infections are a major concern to many health care institutions. Two microorganisms that are commonly associated with hospital acquired infections are Methicillin-Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococci (VRE). In recent years these infections have become more prevalent in the hospital setting causing detrimental outcomes for patients and increased costs for institutions. Current practices for decreasing the transmission of nosocomial infections in the hospital setting include: gloving, gowning, hand washing and isolation rooms. It is also common practice to disinfect equipment used by more than one patient on the floor (i.e. blood pressure machines). Stethoscopes, however, that are used on several patients are often not decontaminated between patient exposures. The issue of decontaminating health care professionals’ personal equipment, such as a stethoscope, in between uses is not acknowledged or stressed in the clinical setting. Additionally, there are no guidelines written that require health care professionals to disinfect their personal stethoscopes between contacts with different patients. Purpose: The purpose of the study is to investigate the prevalence of contaminated health care providers’ stethoscopes (i.e., physicians, nurses, nursing students, and respiratory therapists), particularly with MRSA and VRE in acute care setting in North Central Florida. Method: After obtaining an IRB approval, 60 stethoscopes will be selected using stratified random sampling method. The purpose of the study will be explained to the health care providers prior to obtaining stethoscopes for culture. Culture will be immediately sent to the lab for analysis. Descriptive statistics will be used to describe the prevalence of contaminated stethoscope. ANOVA will be used to compare difference of the prevalence among four disciplines. Findings: Findings will be available in January, 2007. Discussion: This study will provide the critical information whether stethoscopes may be a potential vector in the transmission of hospital acquired infections.
Implementation of a Reengineering Program in Community Health Centers Serving Indigent Population

Presenting Author: Paul Shank
Address: 927 E. Shaw
Pasadena, Tx 77506
USA
Ph: Fax:
Email: paul_shank@hchd.tmc.edu
Institution: Capella University

Author List:
Paul Shank
Paul Shank

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Implementation of a Reengineering Program in Community Health Centers Serving Indigent Population

Front line staff have a very clear and unique view of issues that prevent an organization from achieving the level of performance required in the competitive field of outpatient ambulatory care. They also have the solutions to many of these problems. By developing a high performance team of knowledgeable front line staff, organizations can reengineer business process, increase patient and staff satisfaction, and ultimately change the culture of the organization.

This reengineering effort consists of five critical phases:
- Team Selection and Training – Team selection is critical to success because these staffers will be challenged at every turn as they over come the status quo.
- Leadership Training – Providing transformational leadership gives staff a clear understanding of the desired future, but leaves plenty of room for them to develop the details in a way that best suits local conditions.
- Evaluation and Planning – a brief evaluation of the current situation is all that’s needed for the team to move ahead into developing a complete reengineering program for the facility.
- New Process Testing – time is of the essence. Testing new processes must begin as quickly as possible. Most ideas don’t work – so don’t be afraid of failure! Keep the good ideas and discard the bad ones. The final processes will be great!
- Diffusion – With the vision in place, a sense of empowerment among the staff, and a set of new processes that actually make work fun, this is the most rewarding phase of the effort.

Reengineering works at many different levels, from basic changes in business processes to the core of the organization, the culture. Reengineering will help you analyze not only the way you do business, but why, and improve both management and leadership skills.
Abstract ID: 661

Developing a Competency Transcript

Presenting Author: Robin Dianna Lockhart MSN
Address: 2008 Decker Rd.
Wichita Falls, TX 76310
USA
Ph: Fax: 940 397-4911
Email: robin.lockhart@mwsu.edu
Institution: University of Texas at Arlington

Author List:
Robin Lockhart

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The purpose of this innovation project is to develop a competency transcript for reporting graduate competencies to the hiring agencies.

The research questions are: Will a scenario-based competency evaluation capture the essence of critical-thinking and interpersonal competencies? Is a scenario-based competency evaluation feasible for schools of nursing? Is scenario-based competency evaluation useful for reducing the gap between attained competency and the competency required by a post-graduation hiring agency?

The Texas Nurses' Association issued a challenge to schools of nursing to close the gap between the expectations of education and practice. A common language is needed for communicating attained competencies and ensuring these competencies are appropriate for practice.

A competency transcript was developed and a pilot project using a qualitative methodology implemented to assess initial validity and interrater reliability. Competencies of a student and licensed nurse group were measured with the transcript and compared to one another. Themes of congruence were extrapolated from this comparison. Additionally, three faculty members used an evaluation rubric and interrater reliability was assessed.

The findings of the pilot study implied validity for measuring critical-thinking and problem-solving, however measurement of interpersonal skills was not found. The rubric demonstrated interrater reliability. Both students and nurses demonstrated skill in determining the client problem and knowledge of appropriate nursing care, however, the nurses performed better at managing the clients' conditions. These results were expected as nurses have more experience than students in managing complex client situations.

The transcript and its evaluation rubric are developed and the findings of the pilot study demonstrates it measures critical-thinking and problem-solving. The next stage of the project focuses on further development of the transcript and further testing of its validity and reliability. The next stage also focuses on further testing and development of the evaluation rubric.
Cardiovascular Health Promotion Practices among Coastal Mississippians after Hurricane Katrina

Presenting Author: Paula R Kopp RN, MSN
Address: 11154 Woodley Drive
Gulfport, MS 39503
USA
Ph: Fax: 228-867-2619
Email: pkopp@son.umsmed.edu
Institution: The University of Mississippi at the Medical Center

Author List:
Paula Kopp
Paula Kopp

Financial Discloser: 
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: 
Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
One year following Hurricane Katrina, coastal communities in Mississippi remain largely destroyed and residents continue to struggle with everyday living and working conditions. Long-term recovery efforts are compounded by lack of available, affordable housing, extended legal issues with home, wind and flood insurance companies, loss of personal property and social connections, and impaired local government and healthcare services. Since individual health is closely linked to the health of the individual’s community and environment, health promotion may be understood by exploring residents’ personal characteristics, but must also include the context of community factors such as circumstances and resources.

Cardiovascular disease (CVD) is the leading cause of death among Mississippians, accounting for 44% of all deaths in 2002, while Mississippi ranks the worst in the nation for the highest death rate from heart disease, stroke, and other cardiovascular diseases (AHA, 2004). Ford and colleagues (2006) caution that inadequately controlled chronic diseases may present a significant health threat in the wake of natural disasters, because their treatment traditionally has not been recognized as a public health or medical priority.

The purpose of this research is to examine the impact of Hurricane Katrina on coastal Mississippians’ cardiovascular health promotion practices from an ecological perspective using Pender’s (2002) Health Promotion Model. A descriptive correlational research design method is chosen for the proposed study. Research questions include: 1) To what degree are adult residents of Hancock County, Mississippi engaged in cardiovascular health promotion practices since Hurricane Katrina, 2) Is there a relationship among situational and interpersonal influences, living and working conditions and competing demands and preferences with cardiovascular health promotion practices among adult Hancock County residents since Hurricane Katrina, and 3) Which factor or combination of factors has the greatest impact on cardiovascular health promotion practices among adult Hancock County residents since Hurricane Katrina?
Validation of the Chinese Version of the Modified Pulmonary Functional Status and Dyspnea Questionnaire with heart failure patients in Taiwan

Presenting Author:  Tsuey-Yuan Huang phd candidate
Address: 1608 University Court C105
Lexington, Kentucky 40503
U.S.
Ph:  Fax:
Email: juno.huang@uky.edu
Institution: University of Kentucky

Author List:
Tsuey-Yuan Huang
Debra K. Moser
Shiow-Li Hwang

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Psychometrics/Instrumentation

Abstract:
Objective: To validate the Chinese version of the Modified Pulmonary Functional Status and Dyspnea Questionnaire (PFSDQ-M) in a sample of heart failure (HF) patients in Taiwan.
Background: Dyspnea is the most distressing and functionally limiting symptom that HF patients experience. It is important to develop a valid measurement to quantify the symptom of dyspnea for cross group comparison and illness management.
Methods: A Chinese version of the PFSDQ-M was developed using translation and back-translation procedures and tested in a sample of HF patients in Taiwan. Adults with HF with no pulmonary disease or co-morbid conditions limiting physical function were included. In addition, 30 patients with HF from the U.S. were enrolled after matching by gender, age and severity of disease with Taiwanese participants. Validity of the Chinese PFSDQ-M was examined by testing equivalence between the scores of Taiwanese and American patients. Construct validity was assessed by examining associations between health related quality of life measured using the Minnesota Living With Heart Failure questionnaire and the PFSDQ-M. Reliability was assessed using Cronbach’s alpha.
Results: The mean age of Taiwanese HF patients enrolled was 68±12 years old and 55.7% were male. Most patients were retired, and lived with their families. Equivalence determined by correlation between the U.S. and Taiwanese samples was extremely high and ranged from .67 to .91 for each item of the questionnaire and for the total score. Moderately high correlations between the measure of HRQOL and the PFSDQ-M, especially in physical dimension (r = .71, P<.0001) provided support for the construct validity of the PFSDQ-M. Adequate reliability was demonstrated by Cronbach’s α of 0.94 for the PFSDQ-M.
Conclusions: The Chinese version of PFSDQ-M is a reliable and valid measure of dyspnea that can be used in Taiwanese patients with HF.
ASSOCIATION BETWEEN HAVING HEALTH INSURANCE AND HEALTH SCREENING

Key Words: Hypertension Screening, Insured, Uninsured

Purpose: Approximately 46.6 million citizens in the United States are uninsured. This study examines the proposition that having health insurance impacts screening for health problems, such as hypertension. This research examined the difference between having health insurance and screening for hypertension.

Method: This descriptive exploratory study used secondary data analysis from the National Health and Nutrition Examination Survey (2001-2002). A sample of 6,472 were extracted from 11,040 respondents. Inclusion criteria consisted of respondents having health insurance and blood pressure screening in the last year. Data were downloaded from SAS transport files and transferred into SPSS. Variables were analyzed using Chi-Square to determine statistical significance.

Findings: The analysis was significant at the p<.0001 level. The findings were that there is a difference between individuals holding health insurance and having their blood pressure screened and those not having insurance and not having their blood pressure screened. There were 5,211 (80.5%) persons with insurance, and of these 571 (11%) did not have blood pressure screening. There were 1,261 (19.5%) who were uninsured, and of these 475 (38%) did not have blood pressure screening.

Discussion: This study offers evidence to support that persons who are uninsured may not be obtaining screening for chronic health conditions, such as hypertension. This finding is in keeping with literature supporting that uninsured persons receive routine health screening less often than those with insurance. An implication stemming from this study is that nurse practitioners who care for the uninsured should be attentive to the health screening needs of the uninsured, especially those living in rural, poor, or underserved areas. A qualitative study with rural underserved persons describing their thoughts, feelings, and experiences about seeking routine health screening measures will be proposed.
Resiliency in Adolescent College Students

Presenting Author: Nancy R. Ahern MSN, RN
Address: 913 East First Avenue
New Smyrna Beach, FL 32169
USA
Ph: Fax:
Email: nahern@mail.ucf.edu
Institution: University of Central Florida

Author List:
Nancy Ahern

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Statement of Purpose and Aims of the Research: The specific aim of this research is to investigate adolescents and resilience. The purpose of this research study is to explore the relationships among high risk behaviors, resilience, and stress in adolescent community college students.

Research Questions: (1) What are the personal characteristics, high risk behaviors, levels of resilience, and stress of college students who are 18 to 20 years old? (2) What are the relationships among the correlates of high risk behaviors, levels of resilience, and stress of college students who are 18 to 20 years old?

Significance: As adolescents search for their identity, they often participate in risk-taking behaviors. Although little is known about how risk-taking and health-promoting resilient behaviors develop and manifest in the adolescent, researchers have documented that protective resources can interact with risks to influence health promoting behaviors. Research has been conducted on the resiliency of those who have experienced adversity, yet little is known about resilience in well-adjusted healthy adolescent college students who are dealing with developmental stressors.

Methods: An exploratory correlational design will be used. Adolescent college students are being surveyed using two self-report instruments (Health Behaviors Questionnaire and Resilience Scale), a demographic questionnaire, and two perceived stress visual analog scales. Pilot data indicate acceptable reliability and validity of the instruments. Power analysis indicates a need for a sample size of 165. Data analysis procedures will explore the study variables and determine relationships that exist among them.

Findings: Data collection is in progress and results will be available in time to be presented at the conference.

Discussion: An understanding of resilient characteristics and the processes that enhance resilience in adolescents can enable nurses to promote such behaviors. Interventions enhancing protective factors in adolescents can potentially minimize stress and vulnerabilities and promote healthy outcomes.
Abstract ID: 671

Paradigm Shift: Global Innovative Pedagogies for Nurse Educators

Presenting Author: April Denise Matthias MSN, RN, PhD Student
Address: 491 Riggs Road
Hubert, NC 28539
USA
Ph: Fax:
Email: amatthias@hughes.net
Institution: CCCC/ECU

Author List: April Matthias

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The purpose of this NLN supported study was to explore the teaching/learning pedagogies and strategies currently used in nursing education and their perceived effectiveness. The NLN has elicited a call to action to develop a science of nursing education that is research-based, responsive to the changing health care system and reflective of new partnerships between, and among students, teachers and clinicians.

An electronic survey web link was sent to the 10,467 Sigma Theta Tau members identified as nurse educators, and closed after the receipt of 946 completed surveys. The demographic profile was Caucasian (93%), female (96%), between the ages of 51-60 (50%), with 20 years of teaching experience (40%), and 98 percent from the U.S.; similar to the Sigma Theta Tau International membership list.

A descriptive mixed method survey design using a researcher-developed instrument was utilized to conduct the study. The 3-part survey included questions for describing the demographic profile of the sample, and items regarding the type of teaching/learning pedagogies and teaching/learning strategies used in nursing education. The pedagogies used most frequently included the conventional teacher-centered approach, a blended/eclectic approach, and an inquiry student-centered approach. Over 70 percent of the respondents reported using an evidence-based, lecture, discussion, case-based, or multi-media type strategy. However, there was little agreement as to which strategies were most helpful. Interestingly, while 78 percent reported using the lecture method, only 17 percent rated it as one of the most helpful strategies. The majority of the respondents viewed their faculty role as facilitator or information provider and the qualitative responses demonstrated similar dichotomous themes, either a teacher-centered or student-centered perspective.

Implications from this study highlight the necessity to deconstruct old ways of teaching and practice, employ new innovative approaches that promote meaningful learning, and utilize objective evaluative measures to determine specific learning outcomes.
Pilot Study: The Illness Experience of Persons with Parkinson’s Disease

Presenting Author: Melinda Stanley-Hermanns MSN, RN, BC & Doctorate Student
Address: 13111 Highway 64 East
Tyler, Texas 75707
USA
Ph: Fax: 903-565-5533
Email: mhermanns@mail.uttyl.edu
Institution: The University of Texas Health Science Center in H

Author List:
Melinda Stanley-Hermanns
Melinda Stanley-Hermanns

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: The purpose of this pilot study was to understand what it is like for persons with Parkinson’s disease (PD) to live with the disease on a day-to-day basis. The specific aim: to understand the illness experience of persons with PD. The research question: “What is the illness experience of persons with PD?”

Background and Significance: A dichotomy exists between disease and illness. While various approaches to inquiry have been used, namely interpretive and phenomenological studies, there have been no studies that have elicited the illness experience of persons with PD.

Methodology: An ethnographic approach was conducted to understand the person’s illness experience and everyday life of PD.

Population, Setting, and Sample: Non-hospitalized persons with PD who live in east Texas. This pilot study purposively examined persons in the various stages of the disease in an attempt to illuminate the illness experiences. Five subjects participated in the study.

Data Analysis: Each transcript was read multiple times and compared with field notes as a means of developing coding and categories. The text was analyzed using qualitative content analysis to identify themes and patterns.

Findings: The overarching theme was daily negotiations for meaningful existence in the uncertainty of Parkinson’s disease. Three additional themes, existence, conformity, and outlook, were identified.

Discussion: The implications of this pilot are multi-faceted. This pilot presented the emic perspective of the persons with PD. The emic view is critical in understanding the subjective illness experience of living with PD on a day-to-day basis. This study attempted to give voice to the unheard in an effort to develop new knowledge and understanding of how individual’s make meaning of their illness experience. The process of daily negotiation in the person with PD may open the door to new avenues of understanding and treating not only the disease, but the person.
Clinical and Cost-Effectiveness of iPOD-based vs. Traditional Diabetes Education

Presenting Author:  Nona Fain
Address: P Box 35086
Galveston, TX 77555
USA
Ph: Fax:
Email: nmfain@utmb.edu
Institution: UTMB

Author List:
Nona Fain
Nona Fain

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Health Promotion/ Self-care

Abstract:
The life-threatening complications and disabling effects of type I diabetes mellitus (DM) among adolescents challenge clinicians to tailor risk-lowering interventions to improve dietary and lifestyle change adherence in this age group. Developmentally, adolescents seek autonomy from parental and outside control. Their need for peer acceptance can be satisfied by using age-appropriate technology such as the iPOD. This pilot study compares the clinical and cost-effectiveness of traditional diabetes outpatient education and individualized (iPOD) podcasts to traditional outpatient education program alone among 26 adolescent Type I diabetics aged 13-17. Outcome measures of hemoglobin A1C (HbA1C), BMI, 24 hour food intake and 7-day physical activity recall surveys are recorded at baseline, six and 12 months among the traditional education group (control) and the iPOD player group (intervention). At three months, podcasts are introduced to the intervention group and based on individual need will include physical activity, nutrition, glucose monitoring, problem-solving, and goal-setting topics. The effect of the podcasts on outcomes will be compared at three, six and 12 months using inferential and descriptive statistics. Podcast cost-effectiveness determination will compare podcast-related expenses to the control group’s diabetes-related hospitalizations and extra office visit expenses.

Back to Top
Abstract ID: 676

Effects of Sucrose on Immunization Injection Pain in Hispanic Infants

Presenting Author: Bernice D. Mowery PhDc, MSN, PNP, RN (Doctoral Candidate)
Address: 6519 Princeton Drive
Alexandria, Virginia 22307
USA
Ph: Fax: 703-205-2636
Email: nursebdm@aol.com
Institution: University of Virginia

Author List: Bernice Mowery

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose, Aims and Hypothesis: The primary aim of this pilot study is to collect preliminary data related to the analgesic effect of intraoral sucrose on behavioral pain, crying dimensions, and heart rate in 50 Hispanic 2, 4 and 6-month old infants receiving their immunizations. Infants receiving intraoral sucrose are expected to exhibit less behavioral pain (i.e., lower scores on the Modified Behavior Pain Scale [MBPS]) and have less crying (i.e., shorter time for first cry, less total cry duration, and lower percentage of crying time) after immunization injections than subjects receiving a placebo.

Significance: The 2005 Center for Disease Control and Prevention Immunization Schedule calls for up to 20 injections in the first two years of life. The pain experienced by infants during three immunization injections at one time is of paramount importance, resulting in potential adverse physiological effects, long-term consequences and lower adherence with future immunizations. Intraoral sucrose is a valuable analgesic in neonates, but efficacy for multiple injections and in Hispanic children is unknown.

Methods: This is a prospective, double blind, randomized, placebo-controlled, pilot intervention study using repeated measures (baseline, 10, 30 and 120 seconds after injections). The intervention is intraoral administration of 2 ml of 50% sucrose. The study site is a pediatric clinic in an urban area children's hospital on the East Coast. Baseline state, MBPS, crying dimensions and supportive adult behaviors are evaluated from videotape recordings.

Findings: Data collection is complete. Findings will be reportable by December 2006. Mothers are primarily from El Salvador (28%), Guatemala (20%), Honduras (14%) and Mexico (10%). Only 8% speak English and 78% have less than a high school education. The babies experienced significant pain with mean MBPS scores of 8.67/10 (SD = 1.3) at 10 seconds after last injection. Crying dimensions and MBPS are significantly correlated (p < 0.1).

Back to Top
EFFECTS OF CAFFEINE DOSAGE ON HEART RATE VARIABILITY IN THE PRETERM INFANT

Presenting Author: Camille Hanson
Address: 3773 NW 26th Terrace
Gainesville, Florida 32605
U.S.A.
Ph: Fax:
Email: cami711@ufl.edu
Institution:

Author List:
Camille Hanson
Emily Cory

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- National Institute of Nursing Research P20 NR07791
- National Institute of Health MO1 RR00082
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: Previous research has demonstrated the efficacy of caffeine administration to treat apnea in the premature infant due to its broad therapeutic range and long half-life. Although caffeine successfully raises an infant’s respiratory rate, it has also been linked to an increased risk for intraventricular hemorrhage and necrotizing enterocolitis. It was questioned whether these risks are directly linked to proven changes in sympathetic control of heart rate with increased doses of caffeine. The purpose of this study was therefore, to describe the effects of caffeine administration on heart rate variability (HRV) in the 28-34 week postmenstrual age infant.

Methods: Using a repeated measures design, this analysis was taken from a convenience sample of 38 low-risk, preterm infants. A weekly chart review was conducted to determine which infants received caffeine in comparison to those who did not. Infants participated in a larger study in which they were randomly assigned to one of two groups: Group One heard a CD recording of their mother reciting a nursery rhyme from 28 to 34 weeks, Group Two from 32 to 34 weeks. Heart rate variability was quantified using a spectral analysis of heart periods and recorded during seven weekly test sessions from the electrocardiogram signal. Quantifications of heart rate variability were total tone, high-frequency tone, and ratio of low-to-high frequency tone.

Findings: A mixed general linear model analysis revealed no interaction effect between caffeine and the primary outcome variable (HRV).

Discussion: The results of this study suggest no differences in HRV between infants treated with caffeine and without caffeine. Given the wide range of caffeine dosages and timing between administration of the medication and recordings of HRV, further studies are needed to compare HRV in infants undergoing equivalent caffeine dosages at a specific time period after administration.

Back to Top
Abstract ID: 682

EFFECTS OF TWO- VERSUS THREE-DIMENSIONAL ULTRASOUND ON MATERNAL-FETAL BONDING

Presenting Author:  Laura Lebo
Address: 1504 NW 11th Road
Gainesville, Florida 32605
U.S.A.
Ph: Fax:
Email: ltlebo@ufl.edu
Institution:

Author List:
Laura Lebo
Charlene Krueger

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Parent-Child

Abstract:
Purpose: Maternal-fetal bonding has direct implications for the health of both the mother and infant. These may include improvement of maternal psychological status and an increase in maternal care and commitment to the infant (Rustico et al 2005). The purpose of this study is to compare the effect of 2D and 3D ultrasounds on maternal-fetal bonding in women during their third trimester (as measured by the Prenatal Attachment Inventory [PAI]) and at one month postpartum (as measured using a questionnaire).

Method: A longitudinal correlational design will be used to compare the effect of 2D and 3D ultrasounds. A quota sample (30 per group) of women in their final trimester of pregnancy will be obtained. Mothers will be approached for enrollment during their scheduled third trimester ultrasound. Upon enrollment, they will be asked to return one survey immediately following their ultrasound (PAI) and at one month postpartum (questionnaire).

Findings: Correlational statistics will be used to evaluate differences between the 2D and 3D ultrasound groups. It is hypothesized that the 3D ultrasound will have a greater impact on maternal-fetal bonding than the 2D ultrasound because of its clarity. Findings are to be determined.

Discussion: While maternal-fetal bonding has been shown to have a positive bearing on maternal and infant health, previous studies investigating ultrasounds’ impact on bonding show conflicting results. Ji et al (2005) demonstrated significant increases in maternal-fetal bonding for women undergoing 3D ultrasounds (as measured at one to twenty-four months postpartum using a telephone questionnaire), while Rustico et al (2005) found no significant differences between the two ultrasounds’ influence on maternal emotions (as measured immediately after ultrasounds in the second or third trimester of pregnancy using the Maternal Antenatal Attachment Scale). The findings from this study will help to further determine the effect of ultrasound type on bonding.

Back to Top
The Perception and Knowledge of Cardiovascular Risk Factors Among Chinese Americans

Abstract:
The purpose of this study was to evaluate Chinese Americans’ perceptions and knowledge about cardiovascular disease (CVD) risk factors and to determine if acculturation has systematic effects on perception of illness. Perception about the cause, seriousness, curability, and controllability of CVD were investigated. Research questions investigated were: 1. What are the illness representations of Chinese Americans about the causes, seriousness, curability and controllability of cardiovascular disease? 2. How accurate is the knowledge of Chinese Americans about cardiovascular disease? 3. What is the influence of acculturation level on Chinese Americans’ illness representation on cardiovascular disease? 4. What is the relationship between knowledge of cardiovascular and illness representation in Chinese Americans? Methods: A cross-sectional design was selected for this descriptive study with a convenience sampling technique. One hundred and twenty-four adults were recruited via Internet with 68% being female. Instruments included the Illness Perception Questionnaire-Revised, Suinn-Lew Asian Self-Identity Acculturation Scale and the Healthy Heart IQ. Findings: The Chinese Americans in this study believed symptoms indicative of CVD were palpitation, chest pain, and shortness of breath. Participants believed low number of symptoms are associated with CVD, CVD will last a long time with serious consequences, and CVD can be controlled or cured. The mean knowledge score was 57.76 (0-100) indicating a lack of understanding of CVD. The majority of participants retained a high Asian-identity. The more Asian-identified participants were, the more likely they would have positive beliefs of CVD. People who knew more about CVD had stronger beliefs about seriousness and controllability of CVD. Discussion: Significant need has been identified for instruments that accurately measure knowledge of CVD for Chinese Americans. Future studies with large samples of Chinese-Americans are recommended. Studies with large samples on sub-groups of the Asian-American population are also recommended since each of these subgroups has unique qualities.
Empowering Self-Care: A Model for Influencing Health Outcomes

Presenting Author: Bridgette Maxine Johnson ARNP, MSN
Address: Christine E. Lynn College of Nursing Florida Atlantic University 777 Glades Road
Boca Raton, FL 33431
USA
Ph: Fax:
Email: bridgette01@bellsouth.net
Institution: Florida Atlantic University

Abstract:
Purpose/Significance: This poster describes a conceptual model, empowering self-care. Such a model is important because of its potential for influencing health outcomes in chronic conditions, a leading cause of illness and disability. A defining characteristic of chronic illness is the need for effective self-care management. Therefore, a self-care management plan that is collaboratively developed and considers the patient’s goals, resources, culture and lifestyle is proposed.

Method: The philosophical perspective of oppression (Freire, 1970) and story theory (Smith & Liehr, 2005) provide the theoretical lenses used to define the concept empowering self-care. Freire describes the traditional educational model in which the learner is a passive participant as inherently oppressive and recommends a “problem-posing” model where authentic dialogue between learner and teacher becomes the central pedagogical process. From this perspective, the learner’s and teacher’s knowledge are equally valuable with the learner feeling empowered to explore and act purposefully upon their world. Story theory structures ideas around nurse-person intentional dialogue. It is especially useful when a nurse is attempting to understand what matters most to someone living with a health challenge. The story was gathered by using the story path method to structure the dialogue.

Findings: Through the lens of Feire and story of what matters for a person living with the health challenge of a chronic condition, the following synthesized definition of empowering self-care was created: Empowering self-care is patient-centered collaborative goal-setting in which the nurse brings expert practice knowledge and the patient brings expert personal knowledge resulting in the patient accepting responsibility for daily self-care management.

Discussion: Discussion will focus on implications for nursing practice and further research:
• Empowering self-care can promote increased patient accountability and responsibility for self-care management leading to improved outcomes.
• Health outcomes may improve when nurses actively support patients’ efforts to achieve their own goal.

Back to Top
Determined Long Term Effects and Dosage of Back Massage for Persons with Elevated Blood Pressure: A Clinical Trial

Presenting Author: Christine M Olney MS
Address: 5106 Sterling Manor Drive
Tampa, FL 33647
USA
Ph: Fax:
Email: colney@hsc.usf.edu
Institution: University of South Florida

Author List:
Christine Olney
Christine Olney

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Significance: Complementary and alternative therapies (CAM) are widely used. However the efficacy of many CAM therapies for specific diseases has yet to be verified. Massage therapy, specifically back massage, used to assist in the management of elevated blood pressure is one such unverified therapy.

Purpose: The purpose of this study was to determine the long term efficacy of a back massage treatment and dosage needed to effectively assist in the management of elevated blood pressure.

Research Design: The theory of psychoimmunology provided the framework for this 3-group repeated measures, experimental design. A power analysis determined a sample of 45 participants was needed.

Study Hypotheses
1. Systolic blood pressure (SBP) and or diastolic blood pressure (DBP) will decrease significantly over time using a back massage treatment in subjects with pre-hypertension or controlled hypertension.
2. There will be a significant difference in the SBP (and or DBP) changes over time using 10 applications of back massage versus five applications of back massage in the subjects with pre-hypertension and controlled hypertension.

Measures: Measures for the study included SBP, DBP, salivary cortisol, IL-6, and state and trait personality indicators (anger, anxiety, depression, and curiosity).

Procedure: The subjects for the study were recruited from a large metropolitan university. Included are persons ages 18-75 years, history of pre-hypertension or controlled hypertension, and speak and read English. Subjects were randomly assigned to one of three groups. 1: Ten 10-minute back massages over 3.5 weeks; 2: Five 10-minute back massages over 1.5 weeks; 3: Ten 10-minute relaxation sessions using learned relaxation techniques over 3.5 weeks. Total subject participation time is ten weeks.

Findings and Discussion: This study’s data collection will be completed by late November. The data analysis, using repeated measures ANOVA and ANCOVA, along with the discussion will be reported at the SNRS conference.

Back to Top
Blood pressure (BP) declines during sleep as protection from consistent BP load, a phenomenon termed “dipping.” Patients with heart failure (HF) undergo constant neurohumoral activation, which may leave them with no significant difference in BP between wake and sleep (i.e., little or no BP dipping). The purpose of this pilot study was to compare patients who had HF with no limitation of physical activity (PA) (New York Heart Association [NYHA] functional class I) to those with some limitation of PA but no discomfort at rest (NYHA class II or III). An observational pilot study was conducted in preparation for a larger study with the following hypotheses: 1) Patients with NYHA class II/III HF will have less BP dipping than those with NYHA class I HF; 2) Patients with NYHA class I HF will have a higher positive correlation between ambulatory MAP dipping and PA than class II/III patients. BP at 30-minute intervals (SpaceLabs 90207) and minute-by-minute PA (Basic Motionlogger) were measured over a 24-hour period to investigate BP dipping and PA levels in community-based individuals with HF. Six patients completed ambulatory monitoring of both BP and PA; two had NYHA class I and four had class II or III HF. There were two men and four women, aged 55 to 72 years (63.4 +/- 6). The class I subjects had 9.6% to 11.2% MAP dipping; however, two class II subjects had higher BP while asleep than while awake (MAP dipping = -6.6% to -21.6%). None of the NYHA class II/III patients had a significant positive correlation of MAP dipping with PA, but both NYHA class I patients did (r = 0.31, 0.60, p<.05). These pilot study findings are in the direction hypothesized and provide a basis for designing a larger study.
Anxiety and Perceived Control After Acute Myocardial Infarction in an International Population

Presenting Author: Jan Odom Forren MS, RN, CPAN, FAAN
Address: 800 Edenwood Circle
Louisville, KY 40243
USA
Ph: Fax: 208.692.5194
Email: jodom29373@aol.com
Institution: University of Kentucky

Author List: Jan Odom Forren
Jan Odom Forren

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- AACN Sigma THeta Tau Grant to DEbra K. Moser
- Bennett-Puritan AACN Mentorship to Kyung He An Kim and Debra K. Moser
- University of CA Pacific Rim Center Grant to Kathleen Dracup

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose: To compare anxiety levels in an international sample of acute myocardial infarction (AMI) patients between those with low versus high levels of perceived control.
Hypothesis: Patients with high levels of perceived control will have significantly lower levels of anxiety than those with low perceived control regardless of country of origin.
Significance: High levels of anxiety are detrimental to the health of cardiac patients. Identification of modifiable factors associated with anxiety could assist in development of interventions to decrease anxiety after acute cardiac events. Perceived control may be one such factor.
Methods: A total of 875 AMI patients (mean age 61 ± 4 years, 27% female) from 5 countries (Japan =124; Korea =127; UK =143; U.S.=357; Australia =124) were enrolled in this prospective, comparative, cross-cultural study. Anxiety (measured using the Brief Symptom Inventory) and perceived control (measured using the Control Attitudes Scale) were assessed within 72 hours of hospital admission for AMI. A two-way analysis of variance was conducted to determine whether anxiety level differed based on the interaction of country of origin and perceived control group (high versus low control based on the median split of the Control Attitudes Scale).
Findings: Anxiety levels in the sample were 44% higher than the norm. Overall, patients in the high perceived control group had statistically and clinically significantly lower levels of anxiety than patients in the low control group (0.75± .04 vs 0.47± 0.03; p < .0005). This pattern was present in each country studied (p<.0005). Anxiety levels were lower in patients with high perceived control even after controlling for sociodemographic and clinical characteristics that co-vary with anxiety.
Discussion: Anxiety levels are moderated by level of perceived control, and this relationship is consistent across widely different cultures. Interventions to increase perceived control may decrease anxiety regardless of culture.

Back to Top
Abstract ID: 697

Functional Fitness: Lifespan Developmental Applications

Presenting Author: Monica Salgado LVN, BSN Student
Address: UTHSCSA SON
San Antonio, Texas 78229
USA
Ph: Fax: 210 567 5822
Email: salgado2@uthscsa.edu
Institution: University of Texas HSC School of Nursing

Author List:
Monica Salgado

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose – The development of this concept is evolving during our clinical experiences, search for meaning, and discovery of behavioral antecedents and consequences of functional fitness with older adults and adolescents. This poster will define functional fitness from an integrated review of the literature. Its relevance to both adolescence and older age will be illustrated by methods consistent with Walker and Avant’s (2005) methods for theory construction in nursing.

Research Question – How do nursing and other disciplines define functional fitness?

Significance – Numerous studies explore the concept fitness, but it is usually relevant to physical health or legal concern for mental competence and judgment in aging. Rarely has the idea of functional fitness been developed to pertain to developmental needs during stages of life in spite of the fact that it may alter the life trajectory and have an impact on quality of life.

Methods – A search of nursing, medical, and psychology literature through OVID was conducted using the key terms function, fitness, aging, adolescence, and cognition. More than 100 articles were found that offered a definition of function and/or fitness. These were catalogued by author into a reference database and a table summary of each article was developed with author, title, research question, sample, measures used, findings, and critique.

Findings – We found limitations in the definition of function in the professional literature that contributed to the bias of researchers in favor of physical function. We developed an expanded concept, functional fitness, to envelop both physical and cognitive features of fitness.

Discussion – The application of functional fitness to adolescent and elder behavior and developmental needs predicates the potential of future directions for nursing research.

Back to Top
Abstract ID: 698

Successful Postpartum Smoking Abstinence

Presenting Author: Kristin Ashford
Address: 4745 Scenicview Road
Lexington, USA
Ph: Fax:
Email: khashf0@uky.edu
Institution:

Author List: Kristin Ashford

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
Grants/Research Support:
- University of Kentucky Research Program
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: The purpose of this exploratory study was to describe factors that contribute to successful postpartum smoking abstinence among women who quit smoking during pregnancy.
Study Design and Methods: Four participants were recruited from a larger feasibility study, based upon their ability to remain smokefree for at least 6 months following delivery. A cognitive-behavioral group and telephone intervention was tested on pregnant and postpartum women. Variables included: maternal smoking, quit rates, secondhand smoke exposure, and mental health. Qualitative description was used to identify perceived factors that contribute to the success of postpartum smoking abstinence. A semi-structured format with open-ended questions was used to guide the interview. Illustration, first and second level coding were used for data reduction before well thought out themes were identified.
Results: Women’s narratives described the process of continued smoking cessation after the birth of their child. Four distinct themes emerged: 1) Child’s health as the primary motivator; 2) Demanding a smoke-free home/environment; 3) Smoking perception changes from one of primary comfort, to one of disgust; and 4) Cessation viewed as a life-long change.
Clinical Implications: Nursing implications include educating prenatal and postpartum women about: 1) the effects of smoke-free environments on the health of their child; 2) the adverse health effects of smoking and secondhand (SHS) smoke during pregnancy; 3) the importance of viewing abstinence as a lifelong goal; and 4) redirecting negative thoughts throughout the cessation process. Decreasing maternal smoking during and after pregnancy will improve the health of mothers and babies, and save lives.
Abstract ID: 700

Measurement of 8-isoprostane in Exhaled Breath Condensate: A Biomarker in Pulmonary Disorders

Presenting Author: Alison Jones RN, MS
Address: 11338 Stratton Park Drive
          Tampa, FL 33617
          USA
          Ph:  Fax:
          Email: ajones@hsc.usf.edu
          Institution: University of South Florida

Author List:
Alison Jones
Alison Jones

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Rationale: Oxidative stress has been implicated in the pathology of many diseases, specifically asthma and chronic obstructive pulmonary disease (COPD). 8-isoprostane, a product of free-radical catalyzed breakdown of arachadonic acid in the lipid layer of cell membranes, is currently considered the “gold standard” clinical research biomarker for oxidative stress in vivo. Exhaled breath condensate (EBC) analysis is an increasingly popular technique in assessing the airways and has been used to measure 8-isoprostane.

Purpose: The purpose of this review is to 1) identify the most common methods used to assess 8-isoprostane; 2) determine average levels of 8-isoprostane reported in the literature and 3) assess current knowledge specific to measurement of 8-isoprostane in the COPD and asthmatic population.

Methods: PubMed was used to search the following terms: isoprostane, 8-isoprostane, 8-iso-PGF or 8-epi-PGF and COPD, emphysema, or chronic bronchitis and asthma. Human studies that assessed 8-isoprostane levels in subjects with established COPD or asthma were included without date limitations. Exclusion criteria included: publications in non-English language, reviews, editorials, and in vitro or animal studies. In addition, studies of other lung diseases such as, cystic fibrosis, and acute respiratory distress syndrome were excluded in order to produce results specific to COPD and asthma.

Results: The final sample resulted in a total of 33 research articles for review, asthma (n=21) and COPD (n=12). Exhaled 8-isoprostane is a sensitive, noninvasive biomarker that can be used to monitor oxidant stress and inflammation of the pulmonary system. It does not appear that 8-isoprostane is an appropriate marker for distinguishing between diseases since it is increased in many disease states. However, it may prove to be a marker for disease exacerbation and disease severity in both COPD and asthma.
Reliability and Validity of the Perceived Stress Scale

Presenting Author: Michelle Alyson Nelson RN, MS, FNP

Address: 4002 Erin Drive
Alpharetta, Georgia 30022
US
Ph: Fax: (404)727-7073
Email: manelso@emory.edu
Institution: Emory University

Author List:
Michelle Nelson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Background: Stress is a major risk factor for coronary heart disease (CHD). African-Americans, in particular, report greater levels of stress in comparison to Whites. Various stressful experiences have been found to impact the health of African-American women. The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring perceived stress. It is designed to measure how unpredictable, uncontrollable, and overloaded respondents find their lives. However, an exhaustive review of the literature has indicated that few studies focus on a quantified rate of stress in this vulnerable population. Very little is known regarding the reliability and validity of the PSS specifically among premenopausal African-American women.

Purpose: To assess the reliability and validity of the PSS in a sample of premenopausal African-American women.

Methods: A community sample of 294 premenopausal African-American women aged 18-44 were recruited for the CHD in Premenopausal African-American Women study. The PSS is a norm-referenced 14 item self-report instrument designed to measure perceived stress. Items are scored on a 0-4 Likert scale with higher scores indicating higher perceived stress. Total scores range from 0-56. Data were analyzed using SPSS.

Results: The overall internal consistency reliability was .82. Confirmatory factor analysis yielded three factors, accounting for 58.56% of the total explained variance. The reliability for these three factors ranged from .51-.83.

Discussion: There is adequate reliability for this scale as seen from the findings of the internal consistency reliability when comparing this group to the contrasting groups of the original PSS study conducted by Cohen (1983). Validity has proven to be adequate based on the findings of the factor analysis. The PSS can be considered a reliable and valid measure of perceived stress within this sample of premenopausal African-American women. Further research is needed to assess the reliability and validity of the scale in other populations.

Back to Top
Negotiating Care During Hemodialysis- A Pilot Study

Presenting Author:  Cleo J Richard MSN  
Address: 1842 Indian Wells Drive  
Missouri City, Texas 77459-3460  
USA  
Ph: Fax:  
Email: cleo.j.richard@uth.tmc.edu  
Institution: 

Author List:  
Cleo Richard  

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material?  N  
FDA Disclosure:  Cleared: Yes  
Abstract Subject:  Health Promotion/ Self-care  

Abstract:  
Negotiating Care During Hemodialysis- A Pilot Study  

Purpose  
The overall purpose of the study is to examine how clients with end stage renal disease negotiate living with an arterio-venous fistula on hemodialysis (HD). One aim of the study, which is addressed in this pilot study, is to describe how clients negotiate care while receiving HD. The research question is how do clients negotiate care while receiving HD? A vascular access is required for HD and currently an arterio-venous fistula is the access of choice. Although the arterio-venous fistula requires continual monitoring and care by the client, these activities have not been systematically studied from the client’s perspective.  

Methods  
This is a qualitative, ethnographic study. Constructivism and a cultural negotiation model provide frameworks for the study. Ethnography investigates the cultural orientation of people’s cognitive constructions, values, beliefs, and behaviors. Data were collected from interviews, field notes, and artifacts. The semi-structured interview was modeled according to Spradley’s (1979) classic approach of general to more specific questions. The tape recorded interviews will be transcribed, validated, and analyzed according to Miles and Huberman (1994). A coding process will be developed and revised as new data are added. Finally a codebook will be developed and applied to the data set. The study employs strategies to assure trustworthiness and credibility such as in-depth interviews, reflectivity, reflexivity, peer debriefing, and an audit trail. The study has been approved by the institutional review board.  

Findings  
Four clients, recruited through health care professionals, consented to be in the study and were interviewed at home (their choice). Preliminary findings indicate that central to living is the encroachment of the biomedical culture into their personal lives or culture. Additionally, clients must be vigilant to protect their AV fistula and manage providers during HD.  

Discussion  
The study is in progress.  

Back to Top
Abstract ID: 711

RELATIONSHIPS BETWEEN HEALTH CARE UTILIZATION AND CAM USE: PERSONAL AND CULTURAL FACTORS AMONG ADULTS

Presenting Author: Jordan E Graves BSN Nursing Student
Address: 3515 SW 39th BLVD Apt 13B
Gainesville, FL 32608
USA
Ph: Fax: 352-273-6536
Email: micifuz@ufl.edu
Institution: University of Florida College of Nursing

Author List:
Jordan Graves
Melanie White
Kary Suarez

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Background: Older and middle-aged adults, the fastest growing population in the US, consume the major portion of health care dollars and demonstrate the most concern about access and utilization. Complementary and alternative medicine (CAM) use has been practiced by a substantial portion of this population and prevalence/expenditures have increased exponentially during the last decade. More research is needed to determine what factors influence ethnically diverse adults to use CAM and if relationships exist between CAM use and personal/cultural factors limiting/delaying access to health care services. Purpose: The purpose of the study is to investigate potential relationships between personal and cultural factors limiting/delaying access to and utilization of conventional health care (including access to prescribed medications), and self-practiced CAM use among adult minority populations compared to their White counterparts.
Method: The research design is a cross-sectional, descriptive correlational design. A quota sampling technique will be used to recruit participants. The convenience sample will be comprised of 100 community-residing adults (White Americans, Black/African Americans, and Hispanic/Latinos) 40 years and older, who live in North Central and/or South Florida. After obtaining IRB approval, the study purpose will be explained to each eligible subject interested in participating. All participants will respond to questions about health status, conventional medication use, CAM use (herbals in particular), health care access/utilization and demographic characteristics.
Findings: Complete report of study findings will be available in late January, 2007.
Discussion: Findings will provide crucial information about personal and cultural factors that influence choices about health care practice (seeking of conventional care versus CAM). In addition, findings will help generate a new set of questions for investigating whether CAM is being used as an alternative or a complement to conventional treatments.

Back to Top
Testing the validity of a one-item quality of life assessment tool in heart failure

Presenting Author: Carol S. Smith MSN
Address: 5401 Montfort Lane
Crestwood, Kentucky 40014
USA
Ph: Fax:
Email: csmith@bellarmine.edu
Institution:

Author List: Carol Smith

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psychometrics/Instrumentation

Abstract:
Purpose: Health-related quality of life (HRQOL) is an important outcome measure among patients with heart failure (HF). Symptomatic patients with HF prefer a higher HRQOL over a longer quantity of life. In addition, HRQOL predicts morbidity and mortality in patients with HF. Given the importance of HRQOL in HF, it should be assessed on a routine basis, but healthcare providers have been slow to adopt routine assessment of HRQOL. Availability of a short instrument could increase the rate of routine HRQOL assessment. Accordingly, we tested the validity of a one-question HRQOL assessment.

Research Question: Is the single-item HRQOL instrument a valid substitute for the Minnesota Living with Heart Failure Questionnaire (LHFQ)?

Method: Data from three studies with similar inclusion criteria conducted among HF patients were used. HRQOL was collected at baseline in each of the trials and used in this analysis. The sample consisted of 100 patients whose mean age was 61 +/- 4.2, 62% were male, and 35% were at New York Heart Association class III/IV. Criterion validity was assessed using the LHFQ as the “benchmark” instrument assessing HRQOL in this population. The LHFQ is a comprehensive 21-item questionnaire with well-established reliability and validity. The one-item instrument asks patients to rate their HRQOL on a scale from 1 (poor) to 4 (excellent).

Findings: Spearman’s rho correlation between the one-item instrument and LHFQ was moderate (rs = 0.58, p<0.01). The Bland-Altman test, a preferred method of comparing benchmark to shortened instruments, revealed a lack of criterion validity for the single-item HRQOL instrument. The values for precision were -2.4 to 2.1 indicating poor agreement and imprecise measurement.

Discussion: The one-question HRQOL assessment is not a valid alternative for assessment of HRQOL in HF. Because HRQOL is an important outcome, methods to increase clinician’s acceptability of the longer LHFQ should be developed.
Obesity on Vagal Tone and HbA1c during Pregnancy

Rebecca Jo Helmreich Rn, MSN, DSN student
Address: 605 Longwoods Lane
Houston, Texas 77024
USA
Ph: Fax:
Email: rhelmreich@uth.tmc.edu
Institution: University of Texas, Houston

Author List:
Rebecca Helmreich

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Obesity on Vagal Tone and HbA1c during Pregnancy
Rebecca Jo Helmreich

Type of Research: Quantitative, Work in progress

Obesity is the cause of many adverse pregnancy outcomes and as a result, has a great impact on the health of women and their children. It is hypothesized that during pregnancy obese women will have increased HbA1c, decreased vagal response and oxygenation compared to non-obese women. Forty pregnant women of four major ethnic groups will be observed three times for 30 minutes at 20, 28, and 36 weeks gestation, 20 each with obese and non-obese status determined by their body mass index. The time points for observation have been selected because after 20 weeks the fetus could be viable if born; at 28 weeks the fetus if born would be preterm and at this stage, maternal disorders such as hypertension or diabetes may become clinically apparent with the stress of pregnancy and gestational weight gain; and at 36 weeks the fetus will be close to term birth. Pregnancy complications and infant outcomes will be followed by chart audits and interviews of subjects. The tentative analysis plan will include descriptive statistics, t-tests for two group comparisons, and, repeated measures ANOVA to test the group differences with changes over time. Correlations and regression analyses will be performed to examine the association of obesity and levels of gestational weight gain on vagal response, HbA1c, oxygenation, and pregnancy complications and birth outcomes. For an effect size of 1, 17 subjects will be needed to detect a difference with a power of 80%. Considering a 20% attrition rate [as may occur with preterm birth, 20 women per group is proposed. Findings from this proposed study could help to fill the gaps identified for pregnant women.

NATIONAL INSTITUTE OF NURSING RESEARCH Award: F31 NR009611-01A1
UT IRB approval # HSC-SN-06-0280

Back to Top
Secondhand Smoke Exposure at the Kentucky State Capitol

Presenting Author: Lisa Maggio
Address: 516 CON Building University of Kentucky
Lexington, Kentucky 40536-0232
USA
Ph: Fax:
Email: lgrea0@uky.edu
Institution:

Author List:
Lisa Maggio

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
SECONDHAND SMOKE EXPOSURE AT THE KENTUCKY STATE CAPITOL

Lisa Greathouse Maggio, MSN, RN
Lindsay Budd, BSN Student
Kiyoun Lee, ScD
Ellen Hahn, DNS, RN
University of Kentucky
College of Nursing
College of Public Health
Lexington, Kentucky 40536

Key Words: secondhand smoke, air quality

PURPOSE: To assess respirable fine particle air pollution in the Kentucky State Capitol Annex during the 2006 General Assembly. Fine particle air pollution inhaled from the burning end of a cigarette increases the risk of heart and lung disease and contributes to many cancers such as lung and breast. In 2005, Kentucky Revised Statue (KRS 61.165) required all government buildings to “favor” smoking indoors. It was hypothesized that fine particle air pollution would exceed the federal outdoor ambient air quality standard (65 µg/m³ in a 24 hour period).

METHODS: Air quality was assessed using the TSI Sidepak in eight locations including the cafeteria and seven rooms on multiple floors. A total of seven readings (one-minute intervals) per location were documented over a two-week period. Each location was visited for 15-30 minutes. Monitors were concealed and data on numbers of cigarettes smoked, persons in the area, room size, and ventilation were collected.

FINDINGS: Mean fine particle air pollution in the eight locations ranged from 19 to 130 µg/m³. Three of the locations exceeded the federal outdoor air standard. The location with the highest level of secondhand smoke exposure was two times higher than the federal outdoor air standard. The location with the second highest level of air pollution had a smoke-eater ventilation system.

DISCUSSION: Findings suggest that air quality in the Capitol Annex is dangerously high putting workers and visitors at risk. The 2006 Kentucky General Assembly voted to require local and state governments to enact smoke-free polices. The study will be repeated should a more strict smoking policy be implemented.

Back to Top
Identification of a Nosocomial Pathogen by PCR Genotyping

Presenting Author: Deborah J. Jones RN, MS
Address: 7119 Bridgeside Ct
Richmond, VA 23234
US
Ph: Fax: 804-828-7743
Email: djjones@vcu.edu
Institution: Virginia Commonwealth University

Author List:
Deborah Jones

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Background: Nosocomial infections have a major impact on the morbidity and mortality of hospitalized patients. An estimated 2 million patients per year are afflicted with a nosocomial infection. Nosocomial infections in hospitalized patients result in 4.5 billion additional dollars in healthcare costs. Bacterial agents such as Staphylococcus aureus are the most commonly recognized cause of nosocomial infections. Because of the prevalence of nosocomial infections from S. aureus, it is important to study the epidemiology of infection and methods of prevention. DNA typing, using methods such as multi-locus sequence typing (MLST), polymerase chain reaction (PCR) or pulsed-field gel electrophoresis (PFGE), can aid in the identification of the source of infection, which will guide prevention methods.

Objectives: The purpose of this project is to develop methods for distinguishing clinical isolates of S. aureus by genotyping using MLST.

Method: Fourteen S. aureus DNA primers were synthesized based on sequences obtained from mlst.org. A laboratory strain of S. aureus was used to test the DNA typing method. DNA of the laboratory strain was amplified by PCR with the 14 different primers. The sequence type of the S. aureus strain will be determined using MLST, which allows sequence comparison of strains locally and worldwide using the internet.

Results: The technique of MLST will be illustrated by applying it to a strain of S. aureus. Data demonstrating sequence type identity will be presented.

Conclusion: Molecular typing using PCR and MLST is an effective method of DNA typing and identification. MLST allows for both global and local epidemiological studies. Molecular typing of bacterial agents may be useful as a method of identifying the source of infections. Definitively identifying an infection source will provide important information to guide efforts to decrease the incidence of nosocomial infections.
Sudden Infant Death Syndrome: Infant Safe Sleep Patient Teaching and Nurse Modeling in North Carolina Hospitals

Presenting Author: Tamika L Anderson RN, MSN
Address: 715 Ridge Mill Circle
Lexington, NC 27295
usa
Ph: Fax:
Email: tamika.rn@netzero.net
Institution: University of North Carolina at Greensboro

Author List:
Tamika Anderson
Tamika Anderson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: In 2004, 103 SIDS deaths were reported in NC, accounting for approximately 10% of infant deaths. Research has confirmed a link between stomach sleeping and SIDS. It is important for nurses to teach infant safe sleep practices to parents and also to practice these behaviors themselves so as to model behaviors that parents should adopt. The purpose of this study was to examine the presence and type of infant safe sleep education and modeling provided to parents and families by nursing staff on mother/baby (MB) units and in Neonatal Intensive Care Units (NICU) in NC hospitals.

Methods: Data were collected using a ten-item telephone survey, regarding SIDS risk reduction and safe sleep education policies, administered to one RN in each MB unit and NICU in NC. Findings: Sixty-four percent of MB unit nurses reported placing infants in the back sleep position only; 24% reported placing infants on the back or side; and 12% reported placing infants solely in the side position when sleeping. Thirty-three percent of NICU nurses reported placing infants in the supine position only; 7% reported each of the following positions: side only, back or side, back or stomach, and stomach or side; 40% reported using a combination of all three positions. Sixty-three percent of MB unit nurses reported teaching parents to place their infants solely on their backs for sleeping and 60% of NICU nurses reported teaching the back position only.

Discussion: Many nurses reported that they teach parents to place their infants solely on their backs to sleep, but they themselves place infants on their backs or sides. It is imperative that nurses “practice what they preach”. Although the majority of nurses are teaching parents to place babies solely on their backs for sleeping, there are still nurses teaching positions other than the back.
Abstract ID: 728

Working at Five to Six Years After Heart Transplantation

Presenting Author: Connie White-Williams RN, MSN
Address: 1708 Brookview Trail
Birmingham, AL 35216
USA
Ph: Fax: 205-975-9792
Email: cwwili@uabmc.edu
Institution: University of Alabama at Birmingham

Author List: Connie White-Williams

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
There is a paucity of information regarding working long-term after heart transplantation (HT). Thus, the purpose of this prospective, longitudinal study was to examine demographic and clinical characteristics of patients (pts) who were working, and to identify factors associated with working in 296 HT pts 5-6 years post HT. Data were collected from pts (76% male, 89% white, mean age=59 years, range=28-79 years) at 4 sites using the following instruments: Post-op Work History, Sickness Impact Profile (SIP), HT Symptom Checklist, HT Stressor Scale, Quality of Life Index, Cardiac Operative Scale, PANAS-X, Jalowiec Coping Scale, Rating Question Form, Social Support Index, HT Intervention Scale, and chart review. Statistical analyses included independent t-tests and logistic regression. Results: Pts who were working (n=92/296, 31%) at 5-6 yrs post HT were 40-59 yrs (46%). 26% of working pts were > 65 yrs. Females (22/92, 32%) were just as likely to be working as males (70/204, 34%, p=.7). Using the SIP, working pts had less overall functional disability (.05 vs .12, p<0.001) than non-working pts based on a scale of 0=least disability to 1=most disability. Working pts had fewer gastrointestinal (.20 vs.25, p=.03) and neuromuscular (.20 vs .28, p=.0005) symptoms based on 0=no subscale symptoms to 1=all subscale symptoms. Predictors of working at 5-6 years post HT were higher education (p<0.001), younger age (p<0.001), better perception of health (p=.005), better perception of cognitive functioning (p=.008), less helpfulness of self-teaching interventions (p=.002), and more helpfulness of emotional support interventions (p=.01). In conclusion, almost 1/3 of pts were working at 5-6 yrs after HT. Pts who were working were younger and better educated with less functional disability, had fewer symptoms and HT complications. Predictors of working include demographic and psychological variables which may assist clinicians to develop interventions that target methods to increase rates of working among HT pts.
Abstract ID: 731

Primary Care Providers (PCPs) best practice methods for obtaining a sexual history

Presenting Author: Deborah Gritzmacher MSN
Address: 1595 Delia Drive
Decatur, GA 30033
USA
Ph: Fax: 678-466-4999
Email: tgritzma@yahoo.com
Institution: Clayton State University

Author List:
Deborah Gritzmacher
Deborah Gritzmacher

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
The purpose of this study is to identify best practice methods among expert PCPs when assessing sexual history. The investigation will be guided by the following research questions:
1. What are the feelings of expert PCPs who solicit sexual histories, regarding the utility of this practice?
2. What are the “taken for granted” practices when gathering sexual histories that expert PCPs believe ascertain accurate and useful information?
3. What factors contribute to expert PCPs’ comfortableness with discussing sexual history?
Identifying expert practice is a step in a program of study about how to educate PCPs to potentially reduce the CDC identified 10 year trend of seeing 40,000 new HIV infections each year. A generic qualitative research design was chosen for this study. Nonprobability purposive sampling, with snowballing, will be used to choose expert participants. The final sample size will be determined when the data set provides a complete picture and full explanation of how PCPs obtain a useful sexual history. One hour semi-structured interviews will be used to collect data and a constant comparative method of analysis will be used to analyze these data beginning with the first interview. The researcher will conduct the interview and transcribe the recording. Internal validity will be upheld using member checks, peer examination, and engagement. External validity will be seen in the use of thick, rich description. Clinical experts reviewing established categories and interpretation of the data will allow for validity and reliability. The literature about sexual history taking shows little evidence of practitioner skill, lack of embarrassment, or success in consistently gathering useful sexual history information from clients. This researcher will obtain information about tacit practices that will guide other practitioners in their skill and data gathering allowing clients to be better prepared to protect themselves from HIV and other sexually transmitted infections.

Back to Top
Using the ACE Star Model to Transform Evidence for Pregnant Adolescents in the School Setting: An Evidence-Based Care Path

Presenting Author: Carolyn Y. Davis doctoral student
Address: 15526 Clover Ridge
San Antonio, Texas 78248
USA
Ph: Fax:
Email: metdavis@earthlink.net
Institution: UTHSCSA

Author List:
Carolyn Davis
Carolyn Davis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Using the ACE Star Model to Transform Evidence for Pregnant Adolescents in the School Setting: An Evidence-Based Care Path

Carolyn Y. Davis, RN, MSN, CPNP, Doctoral Student
University Health Science Center San Antonio School of Nursing

Purpose: To use the ACE Star Model to transform current evidence into a care path that provides coordination and documentation of evidence-based, interdisciplinary care and services for pregnant adolescents in a school based health center.

Research question: How can current evidence-based guidelines be transformed to provide research-based nursing care to pregnant adolescents?

Significance: Each year approximately one million young women under the age of 19 become pregnant. Pregnant or parenting adolescents become vulnerable to a variety of health, educational, and social problems related to pregnancy and parenthood. The provision of coordinated, evidence-based health, social, and educational services becomes essential if these mothers and infants are to experience healthy outcomes and to remain in school.

Method: Evidence related to delivery of prenatal services to adolescents and related to the development of care paths was evaluated. The discovery phase of the model indicated that no such care path is currently available for use with pregnant adolescents in a school based health center. The care path is an evolving document with ongoing discovery regarding various phases of the path.

Findings/Discussion: This is an ongoing project with the care path currently being used in a school based health center in an alternative high school.
Abstract: It is well-accepted that incorporation of evidence-based practices in clinical practice improves patient outcomes. It is also widely accepted that a majority of nurses lack information literacy (InfoLit) skills, including the use of information technology resources, which would enable them to find, retrieve, analyze, and use evidence-based research. Nursing education programs must build on incoming students' uneven foundations of InfoLit as they help students use information technology to access reliable electronic resources for their research and clinical practice. The purpose of this presentation is to synthesize the research about programs designed to improve nursing students' InfoLit competencies.

Methods: A team of nursing educators, nursing students, and health science librarians searched the CINAHL via OVID and EBSCO Host, PubMed Medline, ERIC, and LISTA databases for relevant programs. Search terms used included information literacy, nursing informatics, nursing students, college students, nursing education, health sciences librarians, librarians, medical librarians, and library orientation. We reviewed each identified program for personnel involved, level of student targeted, length of program, approach, data collected, focus, and outcomes.

Findings: We found a paucity of research about programs to improve nursing students' InfoLit. The identified programs were highly variable in content and design and focused on different outcomes. Most programs provided at least short-term positive outcomes in relation to student confidence levels, increase in use of online library databases, and faculty reports of students' improved research abilities.

Discussion: Based on the findings of our literature synthesis, we will provide recommendations for future research as well as recommendations for instituting programs aimed at increasing nursing students' InfoLit, ranging from one-time to fully integrated programmatic offerings. We will provide references for resources and best practices for an InfoLit ToolKit. Given the importance of evidence-based practice for improving patient outcomes, it is imperative that nursing education focus more systematically on enhancing students' InfoLit competencies.
Abstract ID: 739

Development of the Health Beliefs related to Cardiovascular Disease Scale (Study in Progress)

Presenting Author:   Elizabeth Gressle-Tovar RN, MSN, FNP-C, PhD(c)
Address: 1324 Post Office Street
          Galveston, TX 77550
          USA
          Ph: Fax:
          Email: esgressl@utmb.edu
          Institution: UTMB

Author List:
           Elizabeth Gressle-Tovar
           Elizabeth Gressle-Tovar

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:  Cleared: Yes

Abstract Subject:  Psychometrics/Instrumentation

Abstract:

Individuals with diabetes are more likely to suffer from cardiovascular disease (CVD) than non-diabetics. Healthy diet and regular exercise can decrease CVD risk; however adherence rates for these behaviors are low, particularly among diabetics. Understanding motivation for behavior is a critical factor in reducing CVD risk.

Empirical evidence supports the use of the Health Belief Model (HBM) to explain behavior motivation. However, research exploring health beliefs related to CVD in persons with diabetes is lacking. Furthermore, no instrument exists to measure health beliefs related to CVD in this population.

This study will address these gaps by continuing the psychometric evaluation of the Health Beliefs related to Cardiovascular Disease Scale (HBCVDS), specifically developed for persons with type 2 diabetes. The purpose of this research is to provide a valid and reliable instrument that will contribute to behavior change interventions to reduce CVD risk in this population.

The HBCVDS is a 25 item self-report scale with four response options ranging from strongly agree to strongly disagree. It consists of four subscales measuring perceived susceptibility and severity of cardiovascular disease and perceived benefits and barriers to diet and exercise. Content validity has been demonstrated by extensive review of the literature and expert panel review. The HBCVDS was pilot tested with 95 type 2 diabetics and demonstrated adequate internal consistency (alpha = .78) with good inter-item correlations.

In this study, a minimum of 125 type 2 diabetics will be recruited from community settings in the southeast United States utilizing non-random sampling methods. Participants will complete the HBCVDS at time 1 and again two weeks later for test-retest reliability. Construct validity will be further evaluated using confirmatory factor analysis. Internal Consistency will be evaluated using Cronbach alpha calculations.

Preliminary findings will be presented. Practice implications, study limitations and suggestions for future research will be discussed.

Back to Top
Abstract ID: 740

STRESS AND WORRY IN MOTHERS OF PRETERM INFANTS WHO EXPERIENCED NECROTIZING ENTEROCOLITIS DURING HOSPITALIZATION

Presenting Author: Brigit Maria Carter MSN
Address: 1403 Ainsworth Boulevard
Hillsborough, North Carolina 27278
United States
Ph: Fax: 919-681-7770
Email: bmccarter@email.unc.edu
Institution: University of North Carolina at Chapel Hill

Author List:
Brigit Carter
Brigit Carter
Diane Holditch-Davis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-R01 NR01894 from the National Institute for Nursing Research, NIH
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose
The birth of a preterm infant and prolonged hospitalization is in itself a source of stress and anxiety for mothers. The origination of these stressors include the appearance and behavior of the infant, inability to have a normal parenting role and worry related to the infants illness, treatments and prognosis (Miles, Burchinal, Holditch-Davis, Brunssen & Wilson, 2002). High levels of worry can cause distress in parents impacting the relationship with the sick infant (Docherty, Miles & Holditch-Davis, 2002).

The purpose of this study is to determine if levels of maternal stress and worry are at increased levels with infants who have experienced a serious life-threatening illness, specifically necrotizing enterocolitis, during their hospitalization when compared to an uncomplicated hospitalization.

Method
This study was a secondary analysis of data from Assessment of Biological and Social Risk in Preterm Infants. Subjects were 134 preterm infants. Logistic regression will be used to examine the effect of severe illness, specifically necrotizing enterocolitis on parental stress. The effect of level of education and race on parental stress will be analyzed. Correlations between child health worry and infant diagnosis, maternal education and race will be analyzed.

Findings
Analyses are in progress and results will be provided on the poster. It is hypothesized that levels of stress and worry will be increased for mothers whose infants have experienced necrotizing enterocolitis during their hospitalization and black mothers will demonstrate increased levels of stress and worry.

Discussion
Nurses should assess the level of stress experienced by the mother in order to decrease the level of anxiety and distress that are associated with hospitalization of a premature infant.
Because infants with necrotizing enterocolitis often experience extended and frequent hospitalizations arming mothers with coping mechanisms could potentially decrease stressors and promote maternal role development.

Back to Top
BARRIERS TO UTILIZATION OF GENETIC SERVICES AMONG HISPANICS IN THE UNITED STATES: STATE OF THE SCIENCE

Presenting Author: Gia Mudd MSN, MPH, DSN(c)
Address: University of Texas Health Science Center Houston School of Nursing
          Houston, TX
          USA
          Ph: Fax:
          Email: Gia.Mudd@uth.tmc.edu
          Institution:

Author List: Gia Mudd

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: Genetic technologies are being rapidly integrated into mainstream clinical practice. While resulting in expanded availability to diverse populations, there is concern that inattention to genetic service acceptability and accessibility may result in underutilization among members of the US Hispanic community. The purpose of this poster presentation is to present findings on the state of the science on factors associated with genetic service utilization among Hispanics in the US.

Method: To identify research relevant to genetic service utilization including beliefs about, attitudes toward, interest in, and patterns of use among US Hispanics, a comprehensive search of the literature was conducted of Medline from 1969 to 2005, CINAHL from 1982 to 2005, and Psychinfo from 1967 to 2005. Nineteen quantitative, qualitative, and mixed methodological studies were identified.

Findings: Synthesis of study results revealed low rates of genetic service utilization among Hispanics. Three themes emerged as relevant to utilization. First, commonly noted barriers were language and culture; linguistic and cultural dynamics were shown to operate separately as well as synergistically, impeding both the access to and the provision of genetic services. Second, studies revealed minimal levels of genetic knowledge and awareness of genetic services among Hispanics. Third, the research indicated the importance of familial and religious influences on genetic testing decision-making. Health care providers were also noted to exert influence; however, cultural unawareness was shown to diminish provider effectiveness.

Discussion: The findings highlight that, while study of genetic service utilization in the Hispanic population is in a preliminary stage, a commonality of themes are emerging. Current studies suggest attention to cultural and linguistic factors, and the development of interventions to enhance knowledge and awareness are important considerations in enhancing equitable integration of genetic services into clinical practice. Further research is needed to better understand barriers to and facilitators of utilization.

Back to Top
PREDICTORS OF HEALTH PROMOTION BEHAVIORS REPORTED BY BLACK AMERICAN ADOLESCENT MALES

Desmarie J. DeCuir, MSN, APRN-BC and Mona N. Wicks, RN, PhD

Key words: Black American males, health promotion, cardiovascular health

Purpose: This study described the health barriers, health perceptions, cardiovascular risk, and health promotion behaviors reported by Black American adolescent males without diagnosed CV disease. The influence of health barriers, health perceptions, and CV risk factors on health promotion behaviors was also examined.

Background: Research on health promotion, health barriers, and health perceptions, and CVD risk have focused on this population.

Methods: A descriptive-correlation design was used to explore the associations among self-report health barriers, self-efficacy, perceived health-status, and CV risk factors. Blood pressure, heart rate, BMI, fasting blood glucose and total cholesterol levels were obtained, and health promotion behaviors. Non-modifiable risk factors were examined using health screening and demographic questionnaires. The Adolescent Health Promoting Scale assessed health promotion behaviors. Spearman’s correlation coefficients estimated variable associations and stepwise multiple regression analysis was used to examine predictors of health promotion behavior.

Findings: The most frequently reported health barriers were diet, environment, and finance. The level of perceived health status was moderately high with 50% scoring 70/100, along with self-efficacy with half of the adolescents scoring 49/60. Health behaviors, such as smoking and limited activity were examined because of the known risk for CVD. Participants reported moderately high perceived health status and self-efficacy. Better perceived health status was associated with better self-efficacy scores (r=0.56; p = <.0001), study findings indicated that perceived health perceptions, physiological CV risk measures, and CV risk factors were not significant predictors of health promotion behaviors in study sample. One-time measurements indicated that 53% of adolescents had systolic blood pressure values reflecting prehypertension. Seventeen participants (21%) were at risk of being overweight, while 13% (n=12) were overweight.
Abstract ID: 743

Methodologies of the University of Tennessee Study Utilizing Fetzer Multidimensional Measure of Religiousness/Spirituality

Presenting Author:  Polly McClanahan McArthur BSN
Address: 1127 Greenfield Drive
Maryville, TN 37803
USA
Ph: Fax:
Email: pmcarthu@utk.edu
Institution: University of Tennessee

Author List:
Polly McArthur
Polly McArthur

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure:  Cleared: Yes

Abstract Subject:  Psychometrics/Instrumentation

Abstract:
The review of research methodologies focuses on use of the Fetzer Multidimensional Measure of Religiousness/Spirituality (MMRS/1999) to examine the relationship of religiousness/spirituality (RS) and health. Rather than a single, comprehensive score, the MMRS is scored by domains. Several domains contain multiple positively and negatively-phrased questions, and the researcher must pay close attention to the meaning and scoring of each subset of items. Idler et al. (2003) conclude that the MMRS demonstrates sufficient validity and reliability for use in health research. Many items reflect a Judeo-Christian focus, but MMRS authors maintain that the tool includes items relevant to Americans who pursue spiritual growth outside of conventional religious organizations. The population of interest to the University of Tennessee (UT) researchers is community-dwelling elders (age 65 and older). These subgroups may represent a high percentage of church-going elders, which is characteristic of the ‘Bible Belt’ in the southern United States. The study-in-progress (n = 80) collected data on RS, infection, anger, and stress. The aim of this inquiry is to provide a foundation for interpreting and scoring each domain of RS. Nursing research recognizes religion and spirituality as psychosocial influences that may have a direct physiological connection with health outcomes.

Back to Top
Abstract ID: 745

Effects of preoperative warming on preoperative anxiety, stress hormone responses and pro-inflammatory cytokine production

Presenting Author:  Doreen Wagner RN, MSN, PhD(c)
Address: 924 Chesterfield Place
          Marietta, GA 30064
          USA
          Ph: Fax:
          Email: doreen1799@aol.com
          Institution: University of South Florida, Tampa

Author List:
Doreen Wagner
Doreen Wagner

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Biobehavioral

Abstract:
The purpose of this proposed study is to determine the effectiveness and impact of preoperative warming interventions on the immune status and preoperative anxiety level of surgical patients. The aims of this study are to compare the effectiveness of two types of preoperative warming interventions (forced-air warming (FAW) device versus warmed cotton blankets) on the development of perioperative hypothermia, pro-inflammatory cytokine production, stress hormone responses, and the patient’s self-report of preoperative anxiety. The following hypotheses will be tested:
1) Patients receiving active preoperative warming using a FAW device will experience less redistribution hypothermia.
2) Patients receiving active preoperative warming using a FAW device will experience less immunosuppression related to pro-inflammatory cytokine production.
3) Patients receiving active preoperative warming using a FAW device will experience lower catecholamine and cortisol levels.
4) Patients receiving active preoperative warming using a FAW device will experience lower levels of preoperative anxiety.

Warming patients during major bowel surgery is becoming routine in many institutions; however, evidence suggests that all types of surgical procedures warrant warming beginning in the preoperative phase of care. The relationship between preoperative warming and its impact on anxiety and immune responses in the surgical patient needs to be examined for consideration as a preoperative nursing intervention that can improve postoperative outcomes.

Proposed methodology is a prospective, randomized, equivalent group experimental design. Power analysis will be conducted in order to determine sample size from a surgical patient population recruited in a preadmission and testing department. Tympanic temperatures and venous samples of pro-inflammatory cytokines, catecholamine and cortisol levels will be measured throughout the perioperative period. Preoperative anxiety will be measured using a visual analog scale at the start and completion of the intervention. Proposed analysis will include significance level set at p < .05, with data comparisons tested with Chi-square and Student’s t-test.
Music and Dance: A Motivator for Finess in Adolescents

Presenting Author: MONTRICIA L MONROE MSN
Address: 15002 ron allen ct
charlotte, NORTH CAROLINA 28227
USA
Ph: Fax: 704-8450705
Email: monr8842@alltel.net
Institution: WINSTON SALELM STATE UNIVERSITY

Author List:
MONTRICIA MONROE

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Getting youth interested in fitness is difficult. They spend a great deal of time watching television, playing video games, or listening to music. Yet obesity in adolescence is at a pandemic level in the United States. A large number of research studies have shown that adolescents who are obese have a greater risk of adulthood obesity.

The purpose of this study will be to use Hip-hop gospel music and popular dance movements as a motivator for youth to become interested in fitness. The study will use an exploratory design and a convenience sample of African American male and female youth in a Liturgical dance ministry who will range in age from 6 to 17 years.

The appropriate IRB approval will be obtained prior to conducting the study. An informed consent will be developed that will explain the purpose, risks, and benefits. Participants will be informed of their rights to refuse to participate. Although the names of the participants will be known, only aggregate data will be reported.

The study will take place in a medium size Christian church. Popular dance moves will be converted into a fitness routine. The fitness routine will include moves that are designed to include warm-up, stretching, aerobic, and cool-down components. The fitness routine will be 30 minutes in length. The youth will perform 3 days per week. The independent variables are music and dance movements. The dependent variables are weight, blood pressure and the number of times the dance movements are performed. Data will be collected over a 3 month period.

The data will be analyzed with SPSS software. It is clear that music and dance movements are motivators for youth to be active, therefore, it is anticipated that the youth will experience weight loss during the course of this study.

Back to Top
The impact of sweet drinks and salty foods on adolescent obesity

Presenting Author: HyungJu Park RN, MPH
Address: UNC-Chapel Hill
    Chapel Hill, NC
    US
    Ph: Fax:
    Email: hjpark@email.unc.edu
Institution:

Author List: Lorraine Waguespack

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Statement of purpose: The purpose of this study is to investigate the relationships between soft drink and obesity and between snack and obesity by gender and in the adolescent high school population.

Research Questions:
- Do overweight high-school students consume more sweet drinks or salty snacks than their normal weight classmates in each gender and race?
- Does prevalence of overweight differ by daily serving frequency of soft drink and/or daily salty snack intake in each gender and race?
- Does consumption of calories from salty snack and soda intake relate positively to obesity in each gender and race?

Significance: In the US, approximately 25% of children are overweight and 11% are obese. There is supporting evidence that excessive sugar intake by soft drinks and snack foods have been playing major roles in this rising rate of obesity. There are currently few studies on the relationship between soft drink and/or salty snack consumption and obesity in the late adolescent population, and even fewer that includes gender and race differences in their data.

Methods: This study used data from the Cardiovascular Health in Youth and Children (CHIC) study. The current study included 621 high school students who reported eating behaviors and who were measured using anthropometric indicators for obesity. Mean age was 15.6 (SD 1.0). Intake was measured by frequency. Obesity was represented by BMI, sum of skin fold thickness and waist circumference. To investigate the influence of intake on overweight, serving frequency was compared between obese and non-obese groups by gender and race. Prevalence was analyzed using Chi-square test. The relationship between consumption of calories from snack and soda intake and obesity was analyzed with ANOVA. Mean, SD, frequency, and percentage were also used for descriptive statistics. All analyses were done by SAS 9.1.

Findings: The analyses are in progress.
Black Healthcare Providers’ Perceptions of Ways in Which Black Women Prepare for Childbirth

Presenting Author: Christine Weir Abbyad  
Address: 3601 Flamevine Cove  
Austin, TX 78735  
USA  
Ph: Fax:  
Email: c.abbyad@mail.utexas.edu  
Institution: University of Texas @ Austin

Author List:  
Christine Abbyad  
Christine Abbyad

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Many women face childbirth with eagerness yet apprehension (Olds, 2004). How women prepare for birthing has focused primarily on White women. No studies have explored Black women’s preparation for childbirth despite disparities between Black and White birth outcomes and despite Black women’s experience of racism (Taylor, 1998). This poster presents the results of a qualitative pilot study in which Black healthcare providers were asked their perceptions of the ways in which pregnant Black women prepare for childbirth. The 12 participants included RNs, LVNs and one CA. All were working in maternity settings in the hospital or doctors’ offices. All had themselves given birth. The women met in a focus group to discuss the semi-structured questions posed by the Black moderator. Systematic analysis was employed as outlined by Morgan and Krueger (1998). Results showed that Black Healthcare providers perceived that Black women preparing for birth needed to connect with female nurturers, primarily their own mothers who were the primary source of information and emotional support. Nurses were also seen as providing birthing information and support though there was concern that the medical system was often unresponsive to Blacks. Participants felt that Black women viewed themselves as approaching birth with a sense of strength and empowerment for an event that was seen as natural. Participants were perturbed by women who did not view themselves this way. Childbirth classes were seen as helpful but not necessary. Reasons for non attendance at classes were: location, scheduling, financial concerns, feeling out of place in an all White class and the view that since childbirth is natural special instruction is unnecessary. Recommendations for nurses include: self awareness of attitudes towards Blacks; empowering of clients for birthing; recognition of the role mothers play, tailoring of childbirth classes, and research on how racism influences pregnant Black women’s decisions.
Abstract ID: 757

All's Well That Ends Well? Assessing Well-being in Pregnancy Using the Well-being Picture Scale

Presenting Author: Pamela J. Reis MSN, CNM
Address: 2212 Hollowgate Road
Raleigh, NC 27614
USA
Ph: Fax: 919-653-4834
Email: pjr0310@ecu.edu
Institution: East Carolina University

Author List:
Pamela Reis
Pamela Reis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Although pregnancy is generally viewed as a salubrious experience, there is a dearth of literature addressing women’s perceptions of well-being in pregnancy. How a woman perceives her general well-being is prerequisite to understanding and predicting how she copes with the physiologic and psychological changes of pregnancy. Since the phenomenon of well-being in pregnancy is relatively unexplored, a pilot study was designed to explore the variation of well-being during pregnancy within the Science of Unitary Human Beings perspective.
Method: Participants: A sample of 45 Native American, African American, and Caucasian women in Southeastern North Carolina completed the Well-Being Picture Scale (Gueldner, et al. 2005). This instrument is a 10 item pictorial scale that measures general well-being within the human-environment process. The instrument assesses energy field frequency, awareness, action, and power that lead a sense of well-being. The minimum scale score is 10 and the maximum is 70.
Procedure: The tool was administered once to each woman in their first, second, or third trimesters of pregnancy during prenatal appointments.
Findings: Forty-five women have participated with an ethnic breakdown of 58% Native American, 29% African-American, and 13% Caucasian. Most women (40%) were primigravidae; the remaining participants were pregnant for the second to fifth time. The mean age of participants was 22.8 years. One third was single and not living with a partner.
Results: The mean score for the total sample was 51 with a range from 20 to 70. The mean scores for women from the first to the third trimester were 58, 55, and 46 respectively. The differences in the scores for each trimester were statistically significant.
Discussion: Well-being scores declined as gestation advanced. The Well-being Picture Scale has been translated into Spanish, and is in the process of being administered to Spanish-speaking participants. Ethnic differences will be reported.
Student Nurses’ Use of Personal Digital Assistants in the Clinical Setting: A Review of Nursing Literature

Presenting Author: Ramona B. Patterson MSN, RN, Doctoral Student
Address: 9321 Hollow Creek Cove
              Germantown, Tennessee 38138
              USA
              Ph: Fax: (901) 753-8742 (Home)
              Email: rpatte16@utmem.edu
              Institution: University of Tennessee Health Sciences Center

Author List:
Ramona Patterson
Ramona Patterson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Significance: Although many educational institutions are incorporating Personal Digital Assistants (PDAs) in nursing programs, there has been limited attention to the perspectives of student nurses as this technology is deployed in classroom and clinical settings. It is important to identify and describe students’ perspectives of PDA use, in order to enhance positive experiences and ensure effective implementation.

Purpose/Research Question: The purpose of this study is to identify scholarly literature that describes PDA integration programs and student nurses’ perspectives as an initial step in the formulation of a qualitative study that focuses on the experiences of student nurses as they use PDAs in the clinical setting. The research questions that frame the study are: What types of programs have nursing educators implemented to increase students’ use of PDAs? What are nursing students’ perspectives of PDA integration across their educational programs?

Methods: A preliminary search of the PubMed Medline database, using search terms such as PDA, nursing education, personal digital assistants, technology, and clinical, yielded 14 unique articles published within the last 5 years. The expertise of a health science librarian will be enlisted to identify other relevant search terms and databases to ensure complete identification of the universe of published articles.

Findings/Implications: In the initial search, the literature reviewed showed great diversity in terms of levels of students, strategies for integration, focus of PDA use, and outcomes. The results from searches of additional databases such as CINAHL via OVID and EBSCO Host, ERIC, and LISTA, will be combined with the identified 14 studies for a comprehensive and systematic review of PDA integration and students’ perspectives of PDA integration. Only 1 of the 14 studies describes students’ perspectives. Given the effect of individuals’ perspectives on attempts to integrate new technology, it is imperative to more fully elicit students’ perspectives.
Heart Failure Symptom Expression by Body Mass Index in Patients with Heart Failure

Presenting Author: Lynn P. Roser MSN
Address: 1972 Shadybrook Lane
Lexington, KY 40502
USA
Ph: Fax:
Email: lynn.roser@kctcs.edu
Institution: University of Kentucky

Author List:
Lynn Roser
Lynn Roser

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Background: Recent studies suggest overweight heart failure (HF) patients have better survival and fewer hospitalizations than normal-weight patients. These findings conflict with our understanding of risk factors associated with elevated body mass index (BMI) and challenge recommendations to promote weight loss among HF patients. While overweight patients may have better outcomes, other factors like worse symptoms and poorer quality of life (QOL) may counter these positive aspects.

Objective: To examine the relationships of BMI with QOL, and symptom severity and variability in HF patients.

Method: A sample of 68 HF patients (mean age 62 ± 4, 57% male) was recruited. Quality of life was measured using Minnesota Living with Heart Failure Questionnaire. Patients ranked severity of symptoms (shortness of breath, fatigue, swelling, sleep disturbance, depression, anxiety) daily on a scale of 1 to 10 (1 = worst symptoms could be and 10 = best symptoms could be) for 30-days. Symptom severity was the mean score of each symptom ranked over 30 days, while symptom variability was the standard deviation of each symptom. Patients were divided into three BMI tertiles [normal weight (&#8804;25.4), overweight (25.5-32.1), and obese (32.1)].

Results: Mean BMI was 28 ± 7 (range 19.2 to 52.4). Regardless of BMI, 96% of patients manifested each symptom. There were no differences among the BMI groups in severity or variability of symptoms. Patients’ QOL was similarly impaired in each of the BMI groups (48.8 ± 23.3 vs 45.4 ± 24.6 vs 44.4 ± 25.3).

Conclusion: These results demonstrate that neither symptom severity and variability, or QOL of overweight and obese HF patients differed from normal-weight patients. Patients in all weight groups had significant symptoms. Findings suggest that worse symptoms or QOL among overweight or obese HF patients may not be a reason to recommend that these patients lose weight.

Back to Top
The Experience of Waiting for a Transplant for the Transplant Candidate and Spouse

Presenting Author: Janet Pelletier
Address: 5410 Trade Winds Road
New Bern, NC 28560
USA
Ph: Fax: 252-514-4773
Email: jbp1024@ecu.edu
Institution: East Carolina University

Author List:
Janet Pelletier
Janet Pelletier

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: The purpose of this qualitative pilot study was to describe the lived experience of waiting for an organ transplant for a transplant candidate and spouse.

Method: A phenomenological approach used van Manen’s methodology for procedure and analysis. With IRB approval, semi-structured interviews were conducted individually with a transplant candidate and his spouse, ages 55-60. The transplant candidate was on hemodialysis and waiting 3 years for a kidney transplant. Participants were asked to describe what it is like to be waiting for a transplant or what it is like to have a spouse waiting for a transplant. Additional probing questions included asking how their life had changed, how the family had been affected and how health care providers addressed waiting for a transplant. The audiotaped interviews were transcribed verbatim. Content analysis of the transcribed interviews identified themes.

Findings: Two major themes were identified from the interview with the spouse: Change of way of life and avoiding disappointment. Change and uncertainty were identified in the interview with the transplant candidate. Major themes for both participants were loss and going on with life. Interactions with health care providers were not described as part of the experience of waiting for a transplant except in relation to receiving information from providers.

Discussion: Waiting for a transplant shares some characteristics with adapting to chronic illness, but the hoped-for transplant can bring greater well-being. The themes identified in this beginning study provide information for future research on families waiting for transplant. Different waiting periods and waiting for different organs may affect the life changes that are experienced. Further research, providing additional understanding of the experience, can guide the design of interventions that support transplant families during the waiting period.
The Lived Experience of Adolescents with Sickle Cell disease

Presenting Author:  Shainy Varghese
Address: 4614 Sundown Ct
            Missouri City, TX 77459
            USA
            Ph:  Fax:
            Email: sbvarghe@utmb.edu
            Institution:

Author List:  Shainy Varghese

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Qualitative

Abstract:
Lived Experience of Adolescents with Sickle Cell disease

Sickle Cell Disease (SCD) is the most common serious genetic disorder in African Americans, occurring in one of every 400 to 500 Black children born in the United States. Management advances in the past 30 years, have increased life expectancy for SCD from 14 years of age to well over 50. The normal developmental changes that take place during adolescence place stress on even physically healthy teens. Chronic illnesses such as SCD further complicate adolescent development: the treatment regimen and frequent hospitalizations intensify concerns about physical appearance. While numerous studies have addressed the management of SCD, no studies have examined the experiences of adolescents coping with the disease. The purpose of this pilot phenomenological study was to explore the lived experiences of adolescents with SCD. Data collection was done using semistructured interviews with 3 volunteer adolescents, 2 boys and 1 girl; all were African Americans between 16-19 years of age. Giorgi’s method of phenomenological data analysis was used to explore the adolescent participants’ lived experience of SCD. The study findings clustered into three themes: how the disease affects the relationship with family, relationship with peers and participants thoughts about disease management. The study findings revealed that: 1) the disease had not affected their relationship with other family members, 2) all the participants were concerned about their physical appearance such as friends’ comments about their eye color, and 3) the participants consider hospitalization for disease management as good, because it makes them feel better.
Abstract ID: 770

State of the Science Ventilator Associated Pneumonia in the Pediatric Intensive Care Unit

Presenting Author:  Randall Johnson MSN, Doctoral Student
Address: 326 Goosecreek Dr.
Winter Springs, FL 32708
United States
Ph:  Fax:
Email: randall_johnson@fhchs.edu
Institution: University of Central Florida

Author List:
Randall Johnson
Randall Johnson

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Parent-Child

Abstract:

Purpose: The pediatric intensive care unit (PICU) presents unique challenges for the development of ventilator associated pneumonia (VAP). These include the anatomic differences with the narrowest portion being at the cricoid ring, while adult tracheas are narrowest at the vocal chords. In addition, adult intensive care units are separated for specialty care such as surgical versus medical care. PICUs are not segregated and contain open areas for closer observation.

Method: A systematic review of the literature to establish what the current state of the science with regards to VAP in the PICU. Quantitative research is evaluated for PICUs. Included reported rates for VAP, the pathogens, risk factors, and nursing clinical issues such as suctioning, head of bed elevation, and oral care provision.

Findings: The rate of VAP in the PICU is 21% of nosocomial infections. The rates vary from 3.7 to 11.6 per 1,000 ventilator days. The pathogens include Pseudomonas aeruginosa, Klebsiella pneumoniae, and Staphylococcus aureus. Risk factors reported in quantitative research articles include age, weight, parenteral nutrition, and device utilization. A table will demonstrate a summary of these findings. Other interventions include suctioning issues, use of isotonic saline solution, head of the bed elevation and oral care frequency with relation to reported, observed, and documented care. The research results is taken from the adult literature due to the limited research in the PICU.

Discussion: Major gaps exist in the published literature for pediatrics with regards to nursing interventions which are being studied in the adult population and deserve attention in the pediatric population. These include the elevation of the head of the bed, oral care, peptic ulcer prophylaxis, deep vein thrombosis prophylaxis, and evaluation of readiness for extubation criteria for the pediatric population. Further research is necessary to determine the best nursing practice in the pediatric intensive care setting.

Back to Top
MOVING TOWARD TOBACCO FREEDOM

Presenting Author: Susan Deborah Hedgecock MSN
Address: 4609 W Hwy 36
Owingsville, KY 40360
USA
Ph: Fax:
Email: sdhedg2@uky.edu
Institution: University of Kentucky

Author List:
Susan Hedgecock

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

+Grants/Research Support:
- American Legacy Foundation

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Purpose: The purpose of the Moving Toward Tobacco Freedom project (MTTF) is to test the effect of exercise as part of a combination tobacco treatment intervention on quit rates, nicotine dependence, and mental health in an Appalachian region of Kentucky.

Study Design: The pilot study is a randomized controlled trial with two groups.

Methods: A convenience sample of 20 smokers was randomly assigned to a control or intervention group. The control group received free nicotine patches and a 12-week behavioral group cessation program, Cooper-Clayton Method to Stop Smoking (CC). The intervention group received free nicotine patches, the CC program, and a supervised walking program. All participants completed a questionnaire at baseline to measure smoking status, nicotine dependence, mood, self efficacy, perceived stress, and other variables. Questionnaires at the end of the CC program and one year followup will be completed.

Preliminary Findings: After a steep drop in program participation occurring early in the program, participation has remained relatively steady at 50%, with no difference in participation observed between control and intervention groups. Ancedotal evidence indicates that the intervention group is enjoying the social aspects of the group walking program, and are forming supportive bonds. Initial data findings will be analyzed post CC program in mid-November 2006.

Implications: The MTTF project explores exercise as part of a combination approach to tobacco cessation interventions in a small Appalachian community. There is little monetary cost involved in the implementation of exercise programs. In an area of economic depression, such as rural Appalachia, cost is a significant barrier to treatment for all health conditions. If a simple walking program added to existing tobacco treatment services proved to successfully reduce smoking, the cost to benefit ratio would be low.
Experiences of Family Caregivers for Adults with Oxygen Dependent COPD

Presenting Author: Ann Warner
Address: 1200 Laura Street
Sulphur, LA 70663
USA
Ph: Fax:
Email: awarner@mcneese.edu
Institution: Texas Woman's University and McNeese State Univers

Author List:
Ann Warner
Ann Warner

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose - To present a model of caregiving that illustrates the experiences of caring for a family member with oxygen dependent COPD.

Research Question - What are the experiences of family members who care for an adult with oxygen dependent COPD?

Significance - While COPD is the fourth leading cause of death in the United States and has significant morbidity associated with it, family caregiving for a person with oxygen dependent COPD has not been sufficiently studied. The experiences of non-urban caregivers who are likely to be older, with less access to medical care, and more health behaviors that increase their risk for disease have not been described.

Methods - A grounded theory design was used with a sample of 13 English speaking primarily non-urban caregivers who provided uncompensated care for oxygen dependent family members. Interviews using a semi structured open-ended interview guide were audiotaped and analyzed using constant comparative analysis to develop the caregiving model.

Findings - Preliminary findings suggest that caring for a family member with COPD is like taking a journey. The three step model includes 'learning to drive' where the caregivers learn about COPD and the required care regimen while the care recipient remains independent, 'navigating the bumps' where the caregivers learn to balance the care recipient's need for independence despite increasing care requirements, and finally 'end of the road' where caregivers and care recipients face death and the caregiver find comfort and satisfaction from the caregiving experience.

Back to Top
Obesity: Findings From Records of Hospitalized COPD Patients

Presenting Author: Jane Threatt Garvin MSN
Address: 1026 Hampton Terrace
North Augusta, GA 29841
USA
Ph: Fax:
Email: bgarvin@students.mcg.edu
Institution: Medical College of Georgia

Author List:
Jane Garvin

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

+Grants/Research Support:
- Medical College of Georgia, School of Nursing

FDA Disclosure:
Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
A descriptive predictive design was employed in retrospective record analysis to identify if overweight or obesity were predictors of hospital readmission among patients with Chronic Obstructive Pulmonary Disease (COPD). The sample included all eligible records from an academic health science center in the southeastern US: n=85 patients with a discharge diagnosis of COPD in 2004. Females comprised 52% (n=44) of the sample; mean age was 66 with 29.4% (n=25) African American (AA). Following 85 initial hospitalizations, 35 patients accounted for 87 readmissions; additionally, there were 84 emergent care visits. Average length of stay was 4.56 days for initial admissions and 8.22 days for readmissions. Cost of initial (n=85) and repeat admissions (n=87) was >$1.7Million. On initial admission, 29.4% (n=25) had blood glucose regulation problems, which the literature relates to obesity. Body mass index (BMI)>25kg/m2=overweight; BMI>30kg/m2=obesity. Of 35 patients with BMI data, AAs had higher mean BMI (37.8kg/m2) versus Caucasians (28.8 kg/m2) trending toward significance (t(15)=-2.076,p=.056). Readmitted patients had higher BMIs (34.9kg/m2) than non-readmitted (28.4kg/m2) also trending toward significance (t(33)=-1.792,p=.082). Of the 28 patients with BMI data who were discharged in the first half of the year, 18 were readmitted with those being readmitted still having a higher mean BMI (35.1kg/m2) than those not readmitted (27.7kg/m2); these data lost significance, likely due to the smaller sample (t(26)=-1.595,p=.123). Higher initial BMI correlated with higher annual costs (rs(31)=.332,p=.068). Mean annual cost tripled for overweight patients, at a significantly higher value when mean BMI>25kg/m2 versus BMI<25kg/m2 (t(31)=-2.370,p=.024). AAs had higher readmission rates (67%) than Caucasians (33%) which was also significant (χ2=5.181,p=.023). This limited dataset consistently trended toward statistical significance for BMI and race as possible risk factors for rehospitalization, indicating the need for further study with a larger sample. Obesity and BMI interacting with race should be evaluated further as predictors of readmission.

Back to Top
Evaluation of Outcomes in Hypertension Control with JNC 7 Protocols

Presenting Author: Rosemarie R. Garza
Address: HCR 77 Box 435
Uvalde, Texas 78801
USA
Ph: Fax:
Email: romgarza@utmb.edu
Institution: University of Texas Medical Branch At Galveston

Author List:
Rosemarie Garza
Rosemarie Garza

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Literature suggests that only 53% of patients diagnosed with hypertension are treated appropriately. The purpose of this chart review study was to: 1) evaluate family practice physicians’ compliance with standards of care established by the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of Hypertension (JNC 7), and 2) evaluate the outcomes of JNC 7 care among hypertensive patients treated in a small community-based family physician practice. The providers working in this family practice included three physicians and one nurse practitioner. Data from 24 randomly selected patient records were subjected to an audit using 25 objective questions that compared each patient’s current blood pressure status with one year ago. The patient’s treatment plan was also noted. To facilitate comparison, data were entered into an Excel spreadsheet and imported to an SSPS database. Data were analyzed using descriptive statistics, chi square and correlational analysis. The findings suggest that JNC 7 treatment protocols were strongly, positively related to controlling blood pressures to within normal limits one year following initial treatment. Sixteen percent of patients in the sample showed improvements in systolic pressures and 13% showed improvement in diastolic pressures at year’s end. Differences in diastolic blood pressures between current measurements and readings one year ago were statistically significant, thus providing support for the conclusion that medical management with JNC 7 protocols is effective. During this study, it was found that data essential to a comprehensive comparison study were missing from patients’ charts. Before further, more rigorous studies can be carried out with this population of hypertensive patients, a more thorough documentation process must be developed. It must include patient demographics, health indices, recordings of follow-up appointments, and evidence of patient adherence to prescribed lifestyle modifications and pharmacologic regimens.

Back to Top
Abstract ID: 777

**Manifestation and Effect of Patient Ventilator Dysynchrony: A Pilot Study**

**Presenting Author:** Karen G Mellott MS, RN  
Address: PO Box 980567  
Richmond, VA 23298-0567  
USA  
Ph: Fax: 804-828-7743  
Email: mellottkg@vcu.edu  
Institution: Virginia Commonwealth University

**Author List:**  
Karen Mellott  
Karen Mellott

**Financial Discloser:**  
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y  
+Grants/Research Support:  
-National Institue of Nursing Research (1F31 NR009623-01A1)

**FDA Disclosure:**  
Cleared: Yes

**Abstract Subject:** Biobehavioral

**Abstract:**  
Purpose: Patient ventilator dysynchrony (PVD) occurs commonly in the mechanically ventilated and can lead to cardiopulmonary compromise and prolonged ventilation. Nurses do not routinely analyze the most objective measures to identify PVD, pressure and flow/time waveform graphics. More likely, nurses monitor patient behaviors and biological data, thereby making the identification of biobehavioral markers an important measure to test empirically with waveform analysis. This study will 1) identify biobehavioral markers of PVD, and 2) examine the relationship of PVD to the use of sedation. Methods: A prospective, descriptive design will be employed with ten subjects in the Medical Respiratory ICU of a southeastern hospital. Informed consent will be obtained from the authorized legal representative. Once the patient is enrolled, demographic and sedation medication data will be collected. In addition, a four-hour observation with real-time electronic coding of behaviors will occur concurrently with continuous recordings of pulse rate, respiratory rate, saturation of oxygen, arm and leg actigraphy, pressure and flow/time waveform collection and patient state index (obtained from a processed EEG by the Patient State Analyzer). Data analysis will be consistent with the study’s descriptive design. Data from all continuous measures will be plotted with dysynchronous/synchronous time periods using ANOVA. Observation data will be described as those that occur during dysynchrony. Sedation use in relation to dysynchrony, will be determined by using correlation of sedation use and dysynchronous time periods. Findings: Data collection will be complete by December 2006, allowing ample time for data analysis and presentation preparation. Discussion: Describing the biobehavioral manifestations of PVD based on empiric measures will enable clinicians to identify PVD more accurately. Examining the effect of PVD on sedation use, will identify sedation practices associated with PVD. These data will provide a beginning understanding of PVD to improve mechanically ventilated patient assessments.
The Effect of Feeding Experience on Heart Rate Variability in Preterm Infants

Presenting Author: Barbara Reyna MS, RN, NNP
Address: 1715 Norwood Creek Way
Powhatan, va 23139
USA
Ph: Fax: 8048286662
Email: breyna@adelphia.net
Institution: VCU Medical Center

Author List:
Barbara Reyna
Barbara Reyna

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-1RO1 NR005182 National Institute of Nursing Research, National Institutes of Health
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: To examine the effect of feeding experience on heart rate variability in preterm infant who were between 32-34 weeks post menstrual age.
Research Question: Does experience at oral feeding affect heart rate variability (HRV) in preterm infants who are between 32-34 weeks post menstrual age?
Significance: The effect of feeding experience on various outcomes is of increasing interest in neonatal clinical care. Spectral analysis of HRV provides results representing a combination of sympathetic and parasympathetic activity. Thus, measurement of HRV during feeding provides an understanding of how well the preterm infant is managing the stress associated with the feeding. Since HRV is known to increase with maturation, an examination of the interaction between increased feeding experience and maturation on HRV will add significantly to our understanding of the effect of feeding experience.
Methods: Heart rate data was collected on 95 preterm infants as part of a larger study examining feeding readiness in preterm infants. Eligibility for the feeding readiness study were infants born at < 32 weeks gestational age and medically stable at 32 weeks PMA to allow oral feedings. Data was collected during one feed, either daily or every other day for two weeks. The sample was categorized based on the average number of oral feeds/day the infant received. Infants were also categorized based on their maturation. HRV was analyzed using the Log-a-Rhythm (Nian-Crae Inc.). The relationship between feeding experience and HRV components will be determined using Pearson r. The effect of experience on HRV will be examined using regression models while controlling for maturation and other salient demographic data.
Findings: The findings will enhance understanding of how increased feeding experience effects one measure of feeding outcome, heart rate variability. These findings will contribute to our overall understanding of preterm infant feeding.
Asthma Health Knowledge, Management, and Acculturation among Hispanic Mothers with School-aged Children: A Pilot Study

Presenting Author:   Valerie Maldonado Baccalaureate in Nursing
Address: 7526 Carriage Pass
San Antonio, Texas 78249
USA
Ph:  Fax: (210)927-8181
Email: vgomez@uiwtx.edu
Institution:

Author List:
Valerie Maldonado
Valerie Maldonado

Financial Discloser:    Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material?  N
FDA Disclosure:    Cleared: Yes

Abstract Subject:    Minority Health

Abstract:
Asthma accounts for over 600,000 emergency room visits and numerous days of school absences every year among school-aged children (American Lung Association, 2005c; McCarthy et al., 2004). This poster describes findings from a pilot descriptive correlational study of the relationship between asthma health knowledge, level of acculturation, and asthma management in a convenience sample of eight Hispanic mothers with children aged 5 to 12 years old recruited from a public elementary school in the southwest. Five instruments were used to collect data: the Acculturation Rating Scale for Mexican Americans II (ARMSA II) (Cuellar, Arnold, & Maldonado, 1995), the Asthma Facts Quiz (Centers for Disease Control and Prevention, n.d.), the Asthma Q Score (Rimington, Davies, Lowe, & Pearson, 2001), the Revised Jones Morbidity Index (Jones, Cleary, & Hyland, 1999), and a researcher-designed demographic survey. Findings revealed that the majority of parents were married, acculturated to US culture as the majority were at least the third generation born in the US, displayed a relatively high knowledge of asthma facts, and displayed adequate management of their child’s asthma. No significant relationship between asthma health knowledge, level of acculturation, and asthma management was found. Two-thirds of parents took their child to the emergency room at least one time during the past school year, and two parents went to the emergency room for help in managing their child’s asthma three or more times in the past school year. Despite the small sample size, findings suggest that educational efforts with Hispanic families, particularly those who are more acculturated to US culture, should focus on management. Further studies should examine the asthma knowledge and management in a larger Hispanic population with varying levels of acculturation.

Back to Top
Youth Access Laws and Changes in Sources of Tobacco

Presenting Author:  Amber Hoehne
Lexington, KY 40503
U.S.
Ph: Fax:
Email: amberhoehne@uky.edu
Institution: University of Kentucky

Author List:  Amber Hoehne

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

+Grants/Research Support:  - ALERT Regional Prevention Center

FDA Disclosure:  Cleared: Yes

Abstract Subject:  Qualitative

Abstract:
The purpose of this exploratory, descriptive study is to explore the perceived effect of Kentucky's Purchase/Use/Possession (PUP) laws among adolescents in four Kentucky communities. The study was conducted with smokers/recent former smokers ages 13 to 18, (N=20). Communities were identified according to three criteria: (a) any enforcement vs. no enforcement of PUP laws; (b) high vs. low illegal sales; and (c) region of the state. Adolescents completed an anonymous questionnaire and participated in a one hour focus group exploring their perceptions of the laws' effectiveness and enforceability and changes in their behavior. Frequency distributions were used to summarize the questionnaire results and focus group transcripts were analyzed using qualitative methods (Atlas.ti 5.0). A third of the participants initiated smoking by the age of 10. Two thirds (67%) were not asked to show proof of age when purchasing tobacco and only 40% had been caught smoking by an officer. Focus group transcripts were rich with quotes and demonstrated that youth are aware of PUP laws but not the consequences. Youth report easy access to tobacco, primarily from stores and friends and they recommend stronger penalties.
Effect of Simulation on Student Clinical Decision-Making Self-Efficacy for Symptom Management

Presenting Author: Jennifer Lee McWha MSN
Address: 13721 Hillwood Trail
corpus christi, TX 78410
USA
Ph: Fax:
Email: jenccxt@stx.rr.com
Institution: UTHSCSA

Author List:
Jennifer McWha
Jennifer McWha

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
The Effect of Simulation on Student Clinical Decision-Making Self-Efficacy for Symptom Management

Jennifer McWha RN, MSN, Doctoral Student
University of Texas Health Science Center at San Antonio School of Nursing

Problem: The noted lack of skill preparation and higher-level cognition (often referred to as critical thinking) of new graduate nurses is a growing concern of employers. Educators must find creative methods of engaging students in their learning while providing opportunities for students to expand their cognitive abilities. Additionally, educators must consistently assess the student’s own ability to attain higher-level skills and thinking. Self efficacy proposes to create behavioral change and enhance coping behavior. Simulation exercises will potentially effect the learners’ belief in his/her own ability.

Purpose: To examine the effect of simulation on clinical decision making self-efficacy for symptom management of beginning level medical/surgical students and final level critical care students.

Research Question: Specific Aims include:
1) Examine ADN students’ pre-post test scores before and after a programmed nurse-patient scenario using high-tech simulation manikins.
2) Examine the relationships between and selected demographic variables.

Method: Data to be collected.

Possible Significance: Medical facilities are placing more emphasis on quality care and patient safety so future health care providers must be trained to the best of their educational institution’s ability. One way to prepare students is through the use of simulation.
Nurses’ Knowledge and Perceptions of Alternative and Complementary Therapies

Presenting Author: Patricia Walker
Address: 1487 Mt. Alto Road
Rome, USA
Ph: Fax:
Email: swalker782@hotmail.com
Institution:

Author List:
Patricia Walker
Patricia Walker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:

There is a current trend in America in the use of alternative or complementary therapies (A/CTs) as a source of healing, in addition to or in place of conventional therapies. Studies have indicated nurses do not feel knowledgeable in the use of A/CTs. Historically nursing education has not focused on A/CTs. The purpose of this study is to evaluate Registered Nurses’ (RN) knowledge, perceptions, and personal uses of specific A/CTs. The impact of exposure to A/CTs and subsequent expectations and recommendations about what should be taught in a nursing curriculum is explored. In order to answer these questions, this exploratory study is based on an anonymous self-report paper and pencil survey. The sample was drawn from RNs throughout a local, county hospital. The survey examined demographic information, general perception of A/CTs, utilization patterns, and perceptions of individual therapies. Data analysis was descriptive and sought to answer the research questions.
Recruiting participants for clinical research is always a challenge and one made even more difficult when targeting minority group members in rural settings. Recruiting African Americans in the rural South presents special problems including those of complex cultural differences between researchers and participants, obstructions of distance and transportation, issues of researchers being viewed as “outsiders”, and communication problems (both language and technological issues). This presentation examines issues of sample recruitment using the case example of an intervention study for adult African Americans with type 2 diabetes mellitus. A multidisciplinary team that included experienced African Americans researchers designed and conducted the study testing a culturally-tailored diabetes education program in one rural community in Central Virginia during the fall and spring of 2005-06. Previous successful recruitment for focus group research in similar rural communities led the researchers to expect sufficient participants for the diabetes education intervention. However, the initial failure to recruit enough participants caused researchers to re-examine recruitment strategies and to develop a new plan involving more ‘face time’ in the community. The second recruitment plan involved visits to churches, personal contacts and letters to physicians and health agencies, phone calls and flyers sent to key leaders in the Black community, extensive advertising using flyers in community sites (barber shops, post office, etc.), and advertising in papers and gospel music stations. The project was successful in recruiting 70% of the proposed number of participants needed to test the intervention as designed. Examples will be provided the specific strategies used for recruitment and analysis of effectiveness. Results of the culturally-tailored diabetes education intervention indicate that the approach should be tested further among African American adults in additional rural communities to determine whether the approach enhances glycemic control and helps to prevent the complications of diabetes among this high risk population.
Computer-assisted approaches hold great potential for research and intervention with rural adolescents with asthma. Geographical remoteness of populations has been a barrier in conducting research with rural populations. One possible solution is through the use of online communication. Information technology is particularly well accepted by children and adolescents. Asthma is a leading chronic illness in children and adolescents. Adolescents are at high risk for unhealthy behaviors, even those with chronic illness. Adolescents with asthma often report positive attitudes toward smoking, and are more likely to smoke than their healthy peers despite serious health threats. This study was conducted to examine the feasibility of a computer-assisted decision making intervention to reduce risk behaviors, and an online technology collecting data from rural adolescents with asthma. A total of 41 teens, ages from 14-18 years, from 4 clinics and a high school in rural counties participated in the study. The majority were females (68%) and non-Hispanic Whites (63%). The intervention included a CD-ROM program, consisting of the decision-making and risk behavior modules, and a brief (5-10 minutes) counseling session at baseline. The decision-making CD-ROM module was repeated at 2-month follow-up, along with a work-book to solidify information by applying in real life situations. At 4-month, participants received another CD-ROM containing an interactive risk behavior module. Booster intervention packets included CD-ROM programs and workbook mailed to participants. Follow up was conducted to confirm compliance with protocols. Follow-up data (at 2, 4 and 6-months after baseline) were collected using the Internet. About 80% of the subjects transmitted follow-up data electronically using the Internet. Almost all subjects had online access at home, school or public library. Results of this study confirm the feasibility of conducting research with rural adolescents using computer and information technology for interventions and data collection. Implications for nursing research and practice will be described.
Recruiting abused women for research is challenging in all settings, but the logistics of rural living add unique problems. Women living in rural areas and experiencing abuse are particularly at risk for sexually transmitted infections and present special challenges in areas such as assurance of confidentiality, access to resources (socioeconomic and safety), and psychosocial support. This presentation examines issues and challenges of sample recruitment and retention in a study designed to test the feasibility and acceptability of a combined brief nursing intervention to prevent HIV and sexually transmitted infections (STIs) and further intimate partner violence (IPV) among rural women who were clients in family planning clinics. Particular attention was paid to ensuring the safety of participants in this research because all of the women were concurrently or recently in abusive relationships, and because of unique aspects of confidentiality and access to resources in rural settings. Specific methods issues related to working with battered women to be described include: 1) use a protocol of safety; 2) confidentiality needs; and 3) access to resources. A specific protocol used for contacting abused women for initial and follow-up contacts will be presented. The Intimate Partner Violence (IPV) portion of the intervention consists of 4 major components: a) IPV information, b) Danger Assessment, c) Safety and Planning & Options, and d) Resources. This presentation will describe the methods used to ensure that: 1) participation in the research study did not place women at greater risk; 2) the intervention itself did not increase women’s danger, and 3) the researchers were not placed in any danger. Methods for initial and follow-up contact will be discussed with particular attention to safety issues. Implications for research and practice in rural settings will be examined.
Abstract ID: 205
Symposium Rural Center: Developing a Secondary Dataset Appropriate for Nursing Research on Rural Health: Theoretical, practical and Methodological Issues

Presenting Author: Marianne Baernholdt PhD, RN
Address: UVA School of Nursing PO Box 800782
Charlottesville, VA 22908-0782
USA
Phone: Fax:
Email: mb2vy@virginia.edu
Institution: UVA School of Nursing

Author List:
Marianne Baernholdt
Marianne Baernholdt
Barbara Mark

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- NIH/NINR T32NR008856
- NIH/NINR R01NR03149

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Secondary data analysis is an increasingly popular method applied to existing data in order to answer new questions. In nursing research on rural health the use of this method is sparse because few datasets exist that are large enough to address questions not answered in the primary study. As with any research, theoretical, practical and methodological issues are important, but they differ in a secondary analysis. Examples from the development of a secondary dataset used to compare the nurse work environment and outcomes in rural and urban hospitals will be used to illuminate these issues. Theoretical issues include the framework and selection of variables. For example, for the urban rural comparison, the framework depicted how context (community, hospital, and nursing unit characteristics) and structure (the nurse work environment) influenced effectiveness (outcomes). Not all variables of interest were present in the primary dataset, but enough key variables could be accessed to answer the research questions. Practical issues include locating a dataset with enough rural subjects, negotiating data sharing with the primary researcher, and evaluating the quality of the data. For this study the primary data were from a random sample of hospitals using patient and nurse surveys and hospital administrative data. Methodological issues include sampling issues such as generalizability; measurement issues, such as how “rural” was measured; psychometric properties such as differences in rural and urban sub-samples; and the need for new variables or proxies, for example measuring socioeconomic status by using zip codes. The secondary dataset was successfully used to compare hospital and nursing unit characteristics, nurse work environment and outcomes in rural and urban hospitals. This presentation highlights the issues to consider when using secondary datasets for rural studies. As rural studies increase so will the availability of appropriate datasets and therefore the opportunity for secondary data analysis.
Abstract ID: 399

RIG Sponsored Biobehavioral Symposium: METHODS TO EVALUATE FETAL AND PRETERM INFANT AUDITORY PROCESSING CAPABILITIES: A REVIEW

Presenting Author: Charlene Krueger ARNP, PhD
Address: 1129 NW 36th Drive
Gainesville, Florida 32605
U.S.A.
Ph: Fax:
Email: ckrueger@nursing.ufl.edu
Institution: University of Florida

Author List:
Charlene Krueger
Charlene Krueger

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-University of Florida

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Historically, the fetus and preterm infant’s response to both pure and complex sound has been used as a window to both autonomic and central nervous system function.
Purpose: The purpose of this paper is to compare and contrast three predominant methodological paradigms used to investigate responsivity to sound in the fetus and preterm infant.
Discussion: The first methodological paradigm described will be the habituation/dishabituation paradigm. This will then be followed by descriptions of two similar, yet contrasting paradigms. The first, founded on Sokolov’s orienting hypothesis and, the second, a more contemporary view of the orienting response put forth by Lacey and Lacey. The habituation/dishabituation paradigm uses the diminution and return of a reflexive response to stimuli (like sound) to identify simple discriminatory capabilities in the fetus and preterm infant. The second paradigm is founded on Sokolov’s orienting reflex hypothesis. This hypothesis suggests an interaction between the central nervous system and sensory receptors as the organism’s first response to changes in its environment (like sound). This hypothesis is challenged and further elaborated upon by Lacey and Lacey who suggest that there is a "directional fractionation" as an organism orients to a stimulus or that the organism’s response varies depending upon the type, amount and additional environmental information surrounding the stimulus. Summaries of current findings put forth by each of the different paradigms will be compared and contrasted in relation to the fetus and preterm infant’s response to sound.
Conclusion: The paper will conclude with suggestions for how future investigations into fetal/preterm infant responsivity to sound may more fully elucidate our understanding of the relation between auditory processing and central nervous system functioning.

Back to Top
RIG Sponsored Biobehavioral Symposium: Improving Patient Outcomes when Bench Meets Bedside

Presenting Author: Rita A. Jablonski PhD
Address: 14207 Long Gate Road
         Midlothian, VA 23112
         USA
         Ph: Fax:
         Email: rajablon@vcu.edu
Institution: Virginia Commonwealth University

Author List:
Rita Jablonski
Rita Jablonski

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Biobehavioral research is the perfect marriage of biological markers and behavioral research. Biological markers can be as varied as vital signs, cytokines and immunoglobulin levels. These markers can help track the impact of specific interventions on moods, diseases, and inflammatory states. The first paper by Cindy Munro discusses concrete and tested methods for measuring immune function using biobehavioral markers. The second paper by Charlene Krueger and her colleagues examines how gender and early auditory experience influences autonomic nervous system development in 28 to 34 post-menstrual week infants. The third paper, by Debra Lyon and colleagues, examines the relationship between distressing symptoms in women with breast cancer and the corresponding levels of cytokines and tryptophan. Anne Boyle explores similar research in another population, men with chronic obstructive pulmonary disease. The final paper, given by Pao-Feng Tsai and colleagues, discusses the use of urinary cytokines as markers for inflammation in community-residing older adults. By combining the use of biological markers with behavioral research, nurse scientists continue to discover new ways to improve patient outcomes.

Back to Top
RIG SPONSORED BIOBEHAVIORAL SYMPOSIUM:
DEPRESSION, CYTOKINES AND TRYPTOPHAN LEVELS IN
WOMEN WITH BREAST CA PRIOR TO CHEMO

Presenting Author: Debra Lyon
Address: 13301 Shore Lake Turn
Chesterfield,
VA
Ph: Fax:
Email: delyon@vcu.edu
Institution: VCU

Author List:
Debra Lyon
Debra Lyon
Jeanne Walter

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: NIH

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: A relationship has been found among immune activation, tryptophan depletion, and depressive symptoms in various conditions including pregnancy, HIV infection, and multiple sclerosis. Tryptophan is a precursor for the biosynthesis of the neurotransmitter serotonin and is thought to be reduced in many immune-related conditions. To date, there has been no study of these relationships in women with breast cancer, prior to chemotherapy. The purpose of this analysis was to describe the level of depression in women with breast cancer prior to chemotherapy and to examine the relationship between depression and theoretically related biomarkers, including inflammatory markers and serum tryptophan.

Methods: 35 women diagnosed with breast cancer who were scheduled to receive an anthracycline-containing chemotherapeutic regimen participated in the study. Questionnaires, including the Hospital Anxiety and Depression Scale (HADS), were completed by participants and serum samples for cytokine and tryptophan analyses were obtained prior to chemotherapy. Cytokine levels were measured using the Bio-Plex® (Bio-Rad) multiplex assay system. Levels of plasma tryptophan were determined by high performance liquid chromatography (HPLC) with simultaneous fluorometric and UV absorbance detection.

Findings:
Scores on the depression subscale (HADS-D) of the HADS ranged from 0 to 11 (M = 3.3, SD = 3.1). Five of the participants scored > 8, which is suggestive of a moderate level of depressive symptoms. Depression was correlated with TNF-α (r = .38, p = .03), monocyte chemoattractant protein-1 (MCP-1) (r = .34, p = .056) and CRP (r = .58, p = .001). Depression was not associated with levels of tryptophan, nor was tryptophan correlated with the other biomarkers.

Discussion:
Levels of depression were generally not severe. Even so, depression was strongly related to several inflammatory markers, supporting the premise that immune activation may contribute to depression in women with breast cancer prior to chemotherapy.

Supported by R21 CA106149 and P20 NR008988, NIH.
Measurement of immune function has become an important component of biobehavioral research in nursing. Immune system measures reflect physical functioning, and also may be reflective of physical, psychological, social, and environmental phenomena. Physiology of the immune system and historical methods of measurement will be briefly reviewed. New technologies, including those which permit analysis of multiple cytokines simultaneously from small amounts of blood or body fluid, will be presented. Applications of these measures to nursing research will be discussed.
The purpose of this study was to examine the relationship between oral health and pulmonary status in COPD patients.

Methods: Adult COPD patients (n=28) provided data during one session. COPD was defined, based on revised GOLD guidelines, as the presence of a post-bronchodilator FEV1/FVC ratio < 70.

Oral health practices were obtained via self-report. Decayed, missing, and filled teeth were counted. Dental plaque was scored using the University of Mississippi Oral Hygiene Index. Pulmonary function measures were obtained with a portable spirometer. Data were analyzed using descriptive and correlational statistics.

Results: The mean age of the sample was 71 (SD=10.3). All subjects were male; 71% were white, 29% were African-American, 96% were non-Hispanic. Mean FEV1 was 1.13L (SD=0.44L) and FEV1 %predicted was 37.67 (SD=15.04), a severe degree of lung impairment. Twelve subjects reported brushing once a day; 14 twice a day; and 2 three times a day. Nineteen subjects reported not flossing at all; seven subjects flossed once a day; and two flossed three times a day. Mean dental plaque score was 7.7 (SD=1.7); correlations to pulmonary variables were not significant. Counts of tooth condition yielded means of 2.18 decayed teeth (SD=3.67); 14.39 missing teeth (SD=7.15); and 8.32 filled teeth (SD=6.87). FEV1 was significantly negatively correlated with decayed teeth (r=-0.38, p=0.048), and significantly positively correlated with filled teeth (r=0.40, p=0.037). FEV1 %predicted was also negatively correlated with decayed teeth (r=-0.37, p=0.057); significantly negatively correlated with missing teeth (r=-0.42, p=0.028); and significantly positively correlated with filled teeth (r=0.50, p=0.008).

Conclusions: Subjects had severe lung impairment and poor oral health. Most subjects did not floss their teeth. Those who had more filled teeth had better lung function. Those with more decay and missing teeth had poorer lung function despite access to similar care for their lung disease.
RIG Sponsored Biobehavioral Symposium: Use of Tai Chi to reduce cognitive deficits in elders—A pilot study

Presenting Author: Pao-Feng Tsai PhD
Address: 4301 West Markham # 529
Little Rock, AR 72205
USA
Ph: Fax:
Email: tsai.pao.feng@uams.edu
Institution: UAMS

Author List:
Kanwaljeet Sunny Anand
Jody Hagen

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:

Purpose: This pilot study tested the effect of Tai Chi (TC) on cognition in elders with cognitive impairment (CI) and chronic pain, and the feasibility of using urinary cytokines to evaluate the inflammation state in this population. Significance: Tai Chi (TC) has been shown to improve health in elders but only few studies examine its effect in elders with CI. It may offer protection for cognitive functioning through reducing chronic pain, stress and inflammation state, and providing physical activity and mental stimulation.

Method: This study used a one group, pre- and post- test, quasi experimental design. Eleven elders with CI and chronic pain participated in 12-form Sun TC sessions twice a week for 15 weeks. Cognition was measured by Mini Mental State Exam, Digit Symbol-Coding and Digit Span of the WAIS-III, Stroop Color and Word test and Hopkins Verbal Learning Test – Revised (HVLT-R). Urinary IL-6 and TNF-alpha were measured by commercially available ELISA kits. Other measures included the SF-36 Health Survey and West Haven-Yale Multidimensional Pain Inventory.

Findings: There was no significant difference between pre- and post- test for all measures except the SF-36 Social Functioning Scale (p=.05). More active participation (determined by a greater number of minutes attended) was marginally associated with improved scores of Digit Span (p=.07) and SF-36 physical functioning (p=.09), and an increased urinary IL-6 level (p=.06). TNF-alpha was under the detectable limit in all subjects. Increased IL-6 was significantly associated with improved score of Digit Symbol-Coding, Digit Span, delayed recall of the HVLT–R and SF-36 physical functioning (p<.05).

Discussion: TC might benefit elders’ attention if they attend the TC sessions regularly. Increased urinary IL-6 was associated with improved health outcomes, which was inconsistent with other studies. Further research is needed to confirm these findings.
The Meaning of Spirituality and Spiritual Nursing Care for the Ill Individual with No Religious Affiliation

Presenting Author: Eileen Creel Noto DNS
Address: 226 Mako Nako Dr.
Mandeville, LA 70471
USA
Ph: Fax:
Email: enoto@selu.edu
Institution: Southeastern Louisiana University

Author List:
Eileen Noto
Eileen Noto

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
A phenomenological approach was used to uncover the essential nature and meaning of spirituality and spiritual nursing care for 11 ill individuals experiencing a chronic or terminal illness with no religious affiliation. Two research questions guided the study: What is the meaning of spirituality for the ill individual with no religious affiliation and what is the meaning of spiritual nursing care for the ill individual with no religious affiliation.

Times of illness create spiritual crises for individuals. Spirituality is more than the religious practices of a person. Since researchers have predominately concentrated on populations with religious affiliations, they have neglected to identify the meaning of spirituality and spiritual nursing care for those ill individuals who do not have a religious affiliation.

After IRB approval was obtained, purposive sampling was used to recruit 11 participants. Interviews were conducted, transcribed verbatim, and analyzed using van Manen's (1990) approach for thematic analysis. Peer review, memoing, and member checks were done for trustworthiness.

The study revealed spirituality for these participants was the theme of "beliefs" with five dimensions, along with the themes of "spiritual awakening" and "spiritual enhancement." Spiritual nursing care was the "extension of self" by the nurse, however many participants experienced "alienation" when their beliefs were not recognized.

Additional phenomenological research is needed to identify commonalities and differences among other groups for an increased understanding of this complex phenomenon. Increased consciousness of the spiritual needs of ill individuals with no religious affiliation could improve nursing practices. An examination of programs of nursing education curricula at all levels for the inclusion of spirituality as a concept broader than that of religion is needed. Finally, health initiatives at all levels of government would advance positive outcomes when including spiritual care in the total care needs of all patients.

Back to Top
Intercessory Prayer As An Intervention for Stress In Critically-Ill Neonates

Presenting Author: Linda Lorraine Rath PhD
Address: 200 S. Golden Oak Dr
Texas City, TX 77591
Galveston
Ph: Fax: 409-772-3770
Email: lrath@utmb.edu
Institution: UTMB School of Nursing

Author List:
Linda Rath
Linda Rath

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: -Rebecca Sealy Chair Research Grant

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Intercessory Prayer As An Intervention for Stress In Critically-Ill Neonates

Linda L. Rath, RN, MSN, CNNP
Doctoral Nursing Candidate

ABSTRACT

The purposes of this study were to investigate the effects of Christian intercessory prayer (CIP) on (a) physiological and behavioral stress levels and (b) physical outcomes of critically ill, extremely preterm (PT) neonates during the first four weeks of life. Outcome measures included salivary cortisol, behavioral state and incidence of acute complications (e.g. long term ventilation or death) during the first four weeks of life. This study used a blinded, randomized, 2-group, pre-test/post-test design and was conducted in a large Level III Neonatal ICU in a university teaching hospital on the Texas Gulf Coast. Forty-two preterm neonates between 26 to 32 weeks completed gestational age were admitted to the study after obtaining appropriate parental consent. The intervention utilized Christian intercessors that prayed daily for healing for infants randomized to the prayer group. Descriptive statistics, t-tests and Chi Square were used to describe the sample and to test the hypotheses. Results showed that while there was no statistical significance between the groups for any outcome measures, outcomes were noted for salivary cortisol, behavioral state and acute complications for the prayer group. Therefore it can be tentatively concluded that CIP could possibly improve stress, behavioral levels and physiological outcomes of the preterm infant.
Last Opportunities: Cardiac Risk, Anger and Spirituality Among Female College Students

Presenting Author: Maureen L. Rauschhuber PhD
Address: University of the Incarnate Word 4301 Broadway
San Antonio, TX 78209
USA
Ph: Fax: 210-829-3174
Email: rauschhu@uiwtx.edu
Institution: University of the Incarnate Word

Author List:
Maureen Rauschhuber
Maureen Rauschhuber

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
College student populations represent a last opportunity to reach young women to prevent heart disease, the leading cause of death for women in the United States. Hispanic women constitute a risk group for cardiovascular disease because of the high prevalence of obesity and Type II diabetes among this population.

Purpose: The aims of this project are 1) to describe objective and subjective health risks for heart disease, and 2) to describe the relationship between objective indices of cardiac health risk, lifestyle behaviors of physical activity, and levels of anger and spirituality among a population of primarily female Hispanic college students participating in either a required wellness course or college athletics.

Method: A descriptive correlational design was used with a sample of 104 female non-athlete and athlete students at a Hispanic-serving, NCAA Division II southwestern university. Objective measures included blood pressure, body mass index (BMI), waist circumference, total cholesterol, HDL, LDL, triglycerides, and glucose. Subjective measures included the CDC Self-Assessed Health Risk Appraisal, the Spiritual Perspective Scale, and the State-Trait Anger Expression Inventory-2.

Findings: The majority were 21 years of age, single, freshman or sophomores, born in the United States, with a mean BMI of 26. Over half (61) of students were had normal BMI’s; 25 (24%) were overweight and 18 (17%) were obese. Twenty-two overweight or obese students also had waist circumferences greater than 35 inches. Nine students had untreated blood pressures greater than 140/90; 27 students were pre-hypertensive, suggesting the need for lifestyle modifications. Fifteen percent had blood lipids in the risk range. No ethnic differences were identified but athletes had significantly lower waist circumferences and triglycerides than non-athletes. Athletes tended to express anger behavior outwardly and were less spiritual than non-athletes.

Conclusions: College students present an opportunity to encourage lifestyle changes to prevent cardiac disease.
Race, Psychosocial, and Spiritual Factors Associated with Depressive Symptoms among Rural Southern Pregnant Women

Presenting Author: D. Elizabeth Jesse RN, CNM, PhD
Address: 209 Avalon Lane
Greenville, North Carolina 27858
USA
Ph: Fax:
Email: jessed@ecu.edu
Institution: ECU

Author List:
D. Jesse
D. Jesse

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Depression during pregnancy is a common and persistent problem resulting in tremendous maternal suffering and poor birth outcomes. This study determined risks and protective factors for depressive symptoms in a diverse sample of low-income pregnant women. Face-to-face interviews were conducted with the women to administer standardized and reliable instruments in mid-pregnancy, including the Prenatal Psychosocial Profile (PPP), Beck Depression Inventory-II (BDI-II), the Spiritual Perspective Scale (SPS), and 3 items from the Jarel Spiritual Well-Being Scale. The research question was: What is the relationship between psychosocial and behavioral risks and psychosocial and spiritual resources with prenatal depressive symptoms. Logistic regression analysis was used to examine the odds ratio associated with socio-demographic factors (age, race, and education), psychosocial and behavioral risks (abuse, stress, smoking, substance use), resources (social support, self-esteem, spiritual perspective, and religiosity) predicting BDI-II scores >16 in pregnancy. Participants were 320 pregnant women (African-American, 43% Caucasian, 31% Hispanic, 26%) of 16-28 weeks gestation from rural prenatal clinics in the southeastern United States. Thirty two percent of the women had prenatal depressive symptoms indicating a risk for depression (BDI-II score of >16). There were no significant differences in risk for depression among African-American, Caucasian, and Hispanic rural low-income women (49%; 25%, 29% respectively). For the aggregate maternal race, prenatal stress, self-esteem, and spirituality significantly predicted risk for prenatal depression (BDI-II>16) (odds ratio 6.2, confidence interval 2.10-18.29; odds ratio 1.23, 95% confidence interval 1.13-1.34; odds ratio .87, confidence interval .80-.94; odds ratio .94, 95% confidence interval .90-.98). The high incidence of depressive symptoms in this diverse group of low-income women suggests the importance of assessing and addressing depressive symptoms in pregnancy and highlights the need to have a holistic understanding of risks and resources affecting low-income women at risk for depression, such as those described in this study.
Abstract ID: 130

Improving Relational Boundaries between Teen Mothers and Their Mothers: A Pilot Study

Presenting Author: Anne Scott Stiles PhD
Address: Texas Woman's University PO Box 425498
Denton, Texas 76209
US
Ph: Fax: 940-898-2437
Email: astiles@twu.edu
Institution: Texas Woman's University

Author List:
Anne Stiles
Anne Stiles

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Texas Woman's University
-Institute for Women's Health
+Miscellaneous non-income support:
-Texas Woman's University
-College of Nursing

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Teen mothers and their mothers often experience conflict due to poor relational boundaries. This conflict can result in decreased maternal sensitivity which can inhibit secure infant attachment. The purpose of this pilot study was to test an intervention to improve relational boundaries between teen mothers and their mothers. Specific aims were to (a) determine the feasibility of conducting the intervention, (b) identify recruitment/attrition problems, (c) refine intervention content, and (d) determine intervention effects. A convenience sample of 7 first-time teen mothers living with their mother and their 5 to 10-month-old child completed the 4-week home visit intervention. Content included teaching the mother and her mother about clarifying and honoring boundaries, active listening, assertiveness, conflict resolution, and negotiation. A one-group pretest-posttest design was used for measuring relational boundaries, parenting stress, depression and maternal sensitivity. Infant attachment was measured post intervention. Results: Feasibility issues included scheduling conflicts between the teen and her mother and last-minute schedule changes with the researcher. Because Spanish was the first language of three of the grandmothers, the intervention was translated into Spanish and a translator accompanied the researcher. Sample recruitment took 4 months using newspaper ads, flyers in clinics, and speaking to two school parenting classes. Three teen mothers wanted to participate but their mothers refused. One teen withdrew before beginning because her sister went into labor. Of nine remaining teens, two withdrew during the study due to arguments with their mothers over boyfriends. Evaluations of each of the four intervention sessions indicated the session on attitudes and assertiveness was their least favorite due to less useful information and too much homework. Effect sizes were: depression (.30), parenting stress (.17), disengaged boundaries (.04), balanced boundaries (.19), entangled boundaries (.77), and maternal sensitivity (.35). The findings will be used to determine a priori power and sample size in future studies.

Back to Top
Hoping: A Mental Health Process Voiced By Youthful Offenders

Elizabeth Bonham PhD
University of Louisville
Louisville, KY 40292
USA
Ph: Fax:
Email: e0bonh01@louisville.edu
Institution:

Abstract:
Hoping: A mental health process voiced by youthful offenders

BACKGROUND: While 20% of America's youth experience diagnosable mental health disorders before the age of 21, the incidence increases to 75% for youth admitted to the juvenile justice system. Adolescent behaviors normally associated with mental illness may be identified as delinquent with subsequent admission of mentally ill youth to the juvenile justice system. Little is known about the youth perspective in terms of factors they think contribute to being detained.

OBJECTIVES: The purpose of this study was to examine psychosocial processes and construct an explanatory model of processural conditions that contributed to juvenile detention as perceived by the adolescent.

METHODS: Grounded Theory methodology was used in this qualitative, exploratory study to collect, code and analyze data. Twelve youth (7 males, 5 females) ages 13 - 16 (mean age 14.5 years) were voluntarily interviewed at a juvenile detention center in the southwestern United States. One time, confidential interviews ranged from 30 to 90 minutes. Youth verbalized an early loss of a significant parent as well as history of maltreatment, early use of marijuana, and psychiatric diagnoses for which they received psychopharmacological intervention. Data trustworthiness was validated with member checks and peer debriefing.

RESULTS: "Hoping for a better life" emerged as the basic psychosocial process for youth and was characterized by three stages: Enduring loss, Persisting dissension, and Discovering a path. Basic social structural processes youth used to cope with a significant loss included detaching, repudiating and connecting.

CONCLUSIONS: Significant parental loss and coping with loss have not been studied as risk factors in the juvenile delinquency trajectory. Substance use as a coping strategy for early loss and its relation to subsequent mental health disorders in youthful offenders require further nursing research with implications for multidisciplinary approaches.
Abstract ID: 287

Prevalence of Behavioral and Physiological Risk Factors of Hypertension in African American Adolescents

Presenting Author: Maureen McCormick Covelli PhD, RN
Address: 447 Stonewood Lane
Maitland, FL 32751
USA
Ph: Fax:
Email: covelli@mail.ucf.edu
Institution: University of Central Florida

Author List:
Maureen Covelli
Maureen Covelli

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-University of Central Florida

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
African American (AA) adolescents are twice as likely to develop high blood pressure in early adulthood as other groups. Continuous existence of factors in adolescents may be precursors to adult cardiovascular changes. The purpose of this study was to describe the prevalence of cardiovascular risk factors in AA adolescents within an urban high school population.
Method: Data, including family history of hypertension, diet, exercise, blood pressure and cortisol levels before and after physiologic stress of AA adolescents (N = 106) was obtained and statistically analyzed.
Findings: Adolescents participating in this study demonstrated the following cardiovascular risk factors. Seventy-five (70%) adolescents had a positive family history of hypertension, 77 (73%) had an intake of 3 or less serving of fruits/vegetables per day, 81 (77%) reported exercise < three/week, 44 (41%) subjects had elevated prehypertensive blood pressures, 52 (49%) had cardiovascular reactivity, 91 (85%) had elevated salivary cortisol levels, and 37 (35%) demonstrated cortisol hyperresponsivity. The salivary cortisol mean was 26.5nmol/dL compared to a normal range of 10-18nmol/dL.
Ninety-four percent had 4 or more risk factors and 44% had 6 or more.
Discussion: African Americans are considered a vulnerable population, at risk for developing hypertension and cardiovascular disease. This study demonstrates the increased prevalence of physiological and behavioral cardiovascular risk factors in this general high school population that adds support to the existence of risk factors within this young population.
Key words: risk factors, hypertension, minority health
Abstract ID: 402

MATERNAL-FETAL ATTACHMENT IN THE ADOLESCENT: AN ECOLOGICAL PERSPECTIVE

Presenting Author: Bunny Dennis Forgione PhD
Address: 7422 Lugano
Corpus Christi, Tx 78413
USA
Ph: Fax: 361-825-2484
Email: forgione@falcon.tamucc.edu
Institution: TAMUCC

Author List:
Bunny Forgione
Bunny Forgione

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Adolescent pregnancy and parenting is often associated with negative outcomes for both mother and baby, and can be exacerbated by ineffective attachment. The overall purpose of the study was to identify predictors of adolescent maternal-fetal attachment and maternal-infant attachment and develop an ecological model that could be used to enhance maternal-fetal attachment in pregnant adolescents. The specific aims were: (a) determine which social support relationships correlate with maternal-fetal attachment in the adolescent; (b) explore the interrelationships of home, family, school and / or work and perceived stress and maternal-fetal attachment in the adolescent; (c) identify those combined factors which predict maternal-fetal attachment and maternal-infant attachment in the adolescent; and (d) determine if maternal-fetal attachment in the adolescent correlates with attachment to the newborn.

A convenience sample of 90 first time pregnant adolescents, 11-19 years of age, were included in this descriptive correlational repeated measures design. Adolescents completed five instruments measuring stress, fetal attachment, family relationships and support after their 30th week of pregnancy. After delivery, the adolescent was observed during a feeding period to measure infant attachment and the stress, family relationships and support instruments were readministered.

The results supported maternal-fetal attachment in the adolescent and there were significant relationships between variables addressed in the ecological model. Perceived stress was significantly related to several variables. A regression analysis of the dependent variable maternal-infant attachment indicated 19.4% of the variance in this model was significant at the 0.038 level with five coefficients contributing to the variance. A revised model using a stepwise regression of the dependent variable maternal-fetal attachment indicated that attendance at school during pregnancy and going to school after the baby was born accounted for 8.6% of the variance and was significant at the 0.008 level. The results indicate that further refinement of the model is needed.

Back to Top
MOLECULAR GENETICS OF SCHIZOPHRENIA

Presenting Author: NANCY BUCCOLA MSN
Address: 45 PARK TIMBERS DR
NEW ORLEANS, LA 70131
USA
Ph: Fax: 225-763-2891
Email: nbucco@lsuhsc.edu
Institution: LOUISIANA STATE UNIVERSITY MEDICAL CENTER

Author List:
NANCY BUCCOLA

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-NIMH
FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Purpose/Aims: Collect 517 affected sib pairs (ASPs) of European-American (EA) and African-American (AA) ancestry with a DSM IV diagnosis of schizophrenia; Complete a genome scan of these pedigrees for multipoint ASP analysis to detect susceptibility loci; Share biological materials, genotypes, and blinded clinical data through NIMH sponsored mechanisms

Hypothesis: One or more major linkage signals will be detectible in a genomic scan of this sample.

Significance: Schizophrenia (SZ) is a common and devastating illness. Heritability is estimated at 80% with a ten-fold increased risk to first-degree relatives. Multiple genome scans have produced evidence for potential susceptibility loci. It is believed that the identification of the DNA sequences and physiological functions of genes that confer susceptibility to this disorder will be important steps in the development of new diagnostic and treatment options.

Methods: Nine sites collaborated to collect and assess 408 independent multiplex EA and AA families where the proband had a diagnosis of schizophrenia and 1 or more affected sibs had a diagnosis of schizophrenia/schizoaffective disorder. Blood samples were taken from both the affected individuals and their parents (when both parents were not available, one or more unaffected siblings were substituted). Other first degree family members with schizophrenia/schizoaffective disorder were also recruited.

Findings: Nonparametric multipoint linkage analysis detected two chromosomal regions with suggestive evidence of linkage on chromosomes 8p23.3-p12 and 11p11.2-q22.3 in the full sample and, in exploratory analyses, two regions that reached similar thresholds on chromosomes 4p16.1-p15.32 and 5p14.3-q11.2 in the AA and EA samples, respectively.

Discussion: Results of the current study, some of which have been reported in multiple other SZ linkage scans, increases support for the hypothesis that one, or possibly more than one SZ susceptibility gene is located on chromosome 8p. Further study of the SZ candidate regions observed in multiple samples is indicated.
Genomic Medicine and the Public's Desire to Know

Presenting Author: susan letvak PhD, RN
Address: UNC Greensboro School of Nursing PO Box 36170
Greensboro, NC 27402
USA
Ph: Fax:
Email: saletvak@uncg.edu
Institution: UNC Greensboro

Author List:
Susan Letvak

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+
Grants/Research Support:
The Department of Defense

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Purpose: An increasing number of genetic tests are available for the detection of inherited illnesses and disorders. However, little is known about the public’s desire to know about their potential risk for illnesses, many of which may not become apparent for many years. The purpose of this study was to determine the community’s perceptions of genomic medicine, including if they would want to know about their risk for inherited illnesses and disorders. Methods: A focus group methodology was used. Thirteen focus groups representative of community demographics were conducted with a total of 121 participants. Atlas TI software was used for management of the data, coding, and assistance with content analysis. Participants ranged in age from young adults to retired senior citizens, and were 55% female, 65% White, and 29% African American. Findings: While most of the participants were aware that advancements in genomic medicine are occurring, knowledge is very limited, especially on which genetic tests are currently available. The participants were evenly divided across groups concerning whether they want to know if they are at risk for an inherited illness or disorder. Importantly, the participants only spoke of their own right to know, failing to address the ethical concern about family members’ right to know and their rights to privacy. Discussion: Nurses must be educated in genomic medicine so they can effectively assist patients and their families in making decisions regarding genetic testing. Large scale community education is imperative for the public to make informed choices.
HINDIII Polymorphism and Insulin in Determination of Plasma PAI-1

Presenting Author: Susan J. Appel PhD, APRN, BC, CCRN
Address: 4865 Crystal Circle
Hoover, Al 35226
USA
Ph: Fax: Email: sappel@bellsouth.net
Institution: School of Nursing, University of Alabama Birmingham

Author List:
Susan Appel
Susan Appel

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: -CReFF Grant, General Clinical Research Center at UAB

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Plasminogen Activator Inhibitor-1(PAI-1) is an emerging cardiovascular risk factor; its levels are determined by interplay between the metabolic factors and genetic polymorphisms in the PAI-1 gene. In vitro studies suggest a differential regulation of PAI-1 secretion based on both the HINDIII polymorphism, located at the 3' end of the gene, and inducers, which results in an insulin responsive “1/1” genotype, and a lipid (VLDL-TG) responsive “2/2” genotype. However, the potential interaction of insulin and/or VLDL-TG with HINDIII genotype in vivo has not been examined extensively.

OBJECTIVES: To determine if PAI-1 levels differ according to HINDIII genotype, and to test the associations between insulin, VLDL-TG, and genotype at the HINDIII locus in healthy overweight African-American and Caucasian women.

METHODS: Cross-sectional study, N =122 women aged 18.9 to 66, BMI range of 18.8 to 36.4 kg/m2. Fasting insulin, triglycerides and PAI-1 concentrations were measured; insulin sensitivity (Si) was determined by minimal modeling after IVGT; fat distribution determined by CT; a PCR based method was employed to genotype the HINDIII locus. Statistical analyses: ANOVA and MLR after adjusting for confounding variables age, visceral fat. Additional independent variables were fasting insulin/ Si or triglycerides, and the interaction between the HINDIII genotype and insulin or triglycerides.

RESULTS: PAI-1 levels were highest with 1/1 genotype (26.4 ± 5.86 ng/ml) versus 1/2 (20.76 ± 3.25 ng/ml) or 2/2 (21.24 ± 4.4 ng/ml) genotypes, although the difference in PAI-1 levels was not statistically significant. Visceral fat was the only significant predictor of PAI-1 (P < 0.01). There were no statistically significant associations between PAI-1, insulin/ Si, triglycerides, HINDIII genotype, and the interaction between the HINDIII genotype and insulin or triglyceride levels.

CONCLUSION: Further studies with greater sample size and varying levels of glucose homeostasis are warranted to determine the relative importance of the HINDIII genotype in determining PAI-1 concentrations.
Hypertensives show downregulated expression of adrenoceptor genes in arterial tissue.

Presenting Author: Jennifer R Dungan PhD, RN
Address: 1527 Pebble Creek Crossing
Durham, NC 27713
USA
Ph: Fax: 919-668-2335
Email: jennifer.dungan@duke.edu
Institution: Duke University

Author List:
Jennifer Dungan
Jennifer Dungan

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Objective: Differential expression of adrenoceptor genes has been implicated in the pathobiology of hypertension and may help explain some health disparities. This pilot study explored relative differences in α1A- and β2-adrenoceptor gene expression in human arterial tissue between people with and without hypertension. Methods: Relative levels of RNA of the investigated genes were measured in internal mammary artery tissue samples obtained from consented subjects who had coronary artery bypass surgery at local hospitals in Gainesville, FL. The extracted RNA was analyzed with Real-Time, reverse-transcription polymerase chain reaction. Results: The study included 41 subjects. Hypertensive subjects showed 3.92- and 2.05-fold reductions in α1A- and β2-adrenoceptor gene expression, respectively, compared to normotensives (p < 0.05). Comparing Caucasian hypertensives and normotensives produced over 4- and 5-fold reductions in hypertensives’ α1A- and β2-adrenoceptor gene expression (p < 0.05); however, no significant differences were found between African American and Caucasian hypertensives. Conclusions: The downregulation of both investigated adrenoceptor genes in hypertensives suggests alterations at the level of transcription in the pathobiology of hypertension. To our knowledge, this is the first investigation exploring these particular genes and methods in human tissues, especially with regard to examining race. Interpretation of results is cautioned due to some limitations. Gene expression accounts for both genetic and environmental factors in disease. Translational research that involves gene expression is likely to benefit practitioners and patients in the future with personalized screening and management tools. This study was supported by NINR (#1F31NR009148-01), AHA (#01415124B, partial), & #931; & #920; & #932;.; Shands Hospital & the Malcom Randall Veterans Administration Medical Center also provided resource and facility support.

Back to Top
Abstract ID: 28

Intimate Partner Rape, Pregnancy & Women’s Health: A Two Group Comparative Study

Presenting Author: Judith McFarlane
Address: 2604 Mason Street
            Houston, Tx 77006
            USA
            Ph: Fax: 713/524-5850
            Email: jmcfarlane@twu.edu
            Institution: Texas Woman's University

Author List:
Judith McFarlane
Judith McFarlane

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Unequal power relations between men and women often cause unwanted pregnancy. Some seven to 48 percent of adolescent girls around the world report that their first sexual experience was forced. How often does pregnancy follow partner rape? We do not know. Surveys note that 40 to 50% of abused women are also raped, a rate 4 to 5 times higher than the 9 to 13% reported by women from community and national samples. The percentage of women raped by their intimate partner who also experience a pregnancy following the rape is unknown.

To better describe the characteristics and consequences of rape within intimate relationships a multi-ethnic sample of 100 sexually assaulted women applying for a protection order was stratified into women who reported a pregnancy following partner rape (n=20) and women who did not report a pregnancy following rape (n=80). Chi-square tests of independence were used to look at group differences in demographic characteristics. Independent t tests were used to examine differences in severity of physical and sexual abuse as well as post-traumatic stress and depression scores for both groups of women. Agency use of women reporting a pregnancy following rape was described. The outcomes of the pregnancy in terms of elective abortion and live birth were compared for the two groups of women.

Women who reported a pregnancy following rape were more likely to be Hispanic and non-English speaking. The women who reported a pregnancy following rape reported significantly higher post-traumatic stress disorder scores (p=.03), more sexually transmitted infections, a higher frequency of vaginal and rectum bleeding and hematuria. The percentage of elective abortions was higher and live births lower for women raped at conception. Women raped at conception reported a significantly (p=.004) higher agency use. Strategies to integrate this new knowledge into collaborative clinical practice will be explored.

Back to Top
Nobody Was Out Back Then: Abuse of Alcohol by Midlife and Older Lesbians

Presenting Author: Maria Pettinato PhD
Address: 906 E. Boston St.
Seattle, WA 98102
USA
Ph: Fax: 206.296.5544
Email: pettinat@seattleu.edu
Institution: Seattle University

Author List:
Maria Pettinato
Maria Pettinato

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: To develop a substantive theory of the experiences of midlife and older lesbians who harbored concerns regarding their alcohol/drug consumption.

Aims: To obtain information directly from midlife and older lesbians, to identify concepts common to the participants’ stories and the literature, and to suggest hypothetical relationships among the concepts.

Research Question/Statement: "Please tell me about your life experience with alcohol/drug consumption".

Significance: The theory produced can potentially serve as a communicative link between a unique population of individuals and health care professionals.

Methods: This study used grounded theory methodology to develop this theory. Audio-taped interviews were conducted with 13 women recruited by invitational flyers, advertisements in newspapers, and word of mouth. A constant comparative method was used to analyze the interview transcripts.

Findings: The core category in this study was represented by the overarching process of "Disconnecting from Authentic Selves". Related concepts included the direct psycho/physiological affects of alcohol/drug consumption, the ability or non ability of these women to authentically express themselves sexually, disconnection from; their families, their partnerships, characteristics of integrity, a variety of valid emotions, and other roles they played in their lives.

Discussion: There were a total of six major categories that were captured under or summed up by the umbrella term of "Disconnecting from Authentic Self". Those categories were as follows: Getting Married, Having Children, Disassociating, Demoralizing, Emotionally Blacking Out, and Living a Lie. Living a Lie contained within it the following two sub-categories: Keeping the Closet Door Shut and Keeping the Closet Door Open. A diagramatic representation of the theory along with the common concepts and hypothetical relationships of those concepts is presented and is used as a tool for further discussion regarding how this phenomenon relates to practice, education, and the next step to be taken in this research.

Back to Top
Abstract ID: 280

Critical Realism as a Framework for Translating Narratives of Overcoming Childhood Maltreatment

Presenting Author: Joanne M Hall PhD
Address: 8717 Millertown Pike
Knoxville, TN 37924
USA
Ph: Fax: 865-974-3569
Email: jhall7@utk.edu
Institution: University of Tennessee

Author List:
Joanne Hall
Joanne Hall

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

Grants/Research Support:
-NINR R01NR07789

FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
That many women survive childhood maltreatment (CM) and become successful is a well-kept secret. Much research underscores the negative aftermath of abuse, including depression, learning difficulties, relational disturbances, and revictimization. An interdisciplinary team did narrative analysis of interviews of woman survivors of CM who volunteered to talk about what had helped them succeed in work and relationships. Narratives revealed that for maltreated children, “reality” was defined by non-protective and perpetrator parents within a closed family world. Gaining a safe, pleasurable life meant overcoming a confining, often torturous existence in which the child’s very perceptions were negated. To climb out of this existence is a complex process we called “becoming resolute.” Through temporal mapping of crucial events, turning points and positive and negative reinforcing sequences following we saw that diverse trajectories were codetermined by self, relational and environmental contingency.

Critical realism is a philosophical orientation offering an alternative to the dichotomy of positivism versus relativism. Critical realists and positivist agree that reality exists, versus relativist insistence that we can only compare human interpretations/social constructions. This narrative study, consistent with critical realism, posed the essential question: “what worked?” Inquiry grounded in critical realism aims to explain what works.

Positivists determine causes through “control” of confounding variables. Critical realists view causation as a confluence of multi-dimensional personal and social factors producing change. From the narratives of the study respondents, the authors uncover in dynamic narratives those personal generative mechanisms and social contextual factors, and their interactions, which are most predictive of a successful trajectory. Critical realism is a framework that can be used to understand how women become resolute despite annihilative maltreatment. It promises a new basis for intervention and understanding of healing as dynamic, and in context.

Back to Top
Women, poverty and workplace violence

Presenting Author: Debra Gay Anderson Ph.D.
Address: 329 Meadow Valley Rd
Lexington, KY 40511
USA
Ph: Fax:
Email: danders@email.uky.edu
Institution:

Author List: Debra Anderson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Background: Each week, 18 workers are murdered and 33,000 workers are victims of non-fatal assault (NIOSH, 2004). Homicide is the leading cause of death among U.S. women in the workplace. Sixteen percent of workplace homicides are perpetrated by an intimate partner. Women in low-wage positions are often subject to sexual harassment by employers, bosses, and other employees due to their vulnerable position and need for a job. Purpose: The purpose of this study is to examine the experiences of workplace violence (WPV) in the lives of homeless women and women residing in domestic violence shelters. The specific aims were: 1. Explore the effects of workplace violence on the mental and physical health of homeless and battered women. 2. Identify the types of violence and the risks of exposure to violence experienced by women who are homeless or living in domestic violence shelters. 3. Identify other employment related stressors of homeless and battered women that place the health and safety of these women at risk. Method: Qualitative data about WPV was collected via in-depth interviews (N = 30). Data Analysis: Content analysis was used to identify core consistencies and meanings. A process of description, analysis, and interpretation is being used to organize, describe, and create a theoretical model of WPV. Findings: The women’s stories of violence at their workplace ranged from sexual harassment to rape; from verbal abuse to physical abuse. Many women believed that they could not leave their jobs because they had children who depended on them financially. For many, calling the police did not enter their consciousness. When the violence at work was from an intimate partner, the women reported that protection orders do not help as the police do not intervene unless they observe a violent act. Their stories will be shared more fully with the attendees at the 2007 SNRS.

Back to Top
Nonadherence is a Mediator of the Link Between Depressive Symptoms, and Rehospitalization or Mortality in Patients with Heart Failure

Presenting Author: Debra Kay Moser DNSc, RN, FAAN
Address: 4454 Rose Dale Ct
Lexington, KY 40515
USA
Ph: Fax:
Email: dmoser@Uky.edu
Institution:

Author List: Debra Moser
Misook Chung

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- American Association of Critical Care Nurses-Philips Medical Research Grant

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Background: The mechanisms linking depressive symptoms with poor outcomes in heart failure (HF) are unknown. Although depression is known to impact adherence, few investigators have examined behavioral mediators of the link between depression and outcomes in HF. Objective: To determine whether nonadherence mediated any association between depression and outcomes. Methods: We followed 111 patients (age 61 ± 11 years; 34% female; 66% NYHA class III/IV) with HF for 6 months to determine rehospitalization and mortality. At baseline, depression was measured using the Patient Health Questionnaire-9. Adherence was measured objectively by the Medication Event Monitoring System (MEMs) and 24-hour urinary sodium excretion (UNA); and subjectively by Medical Outcomes Study Specific Adherence Scale (MOS). Survival and multiple regression mediation analyses tested the hypothesis that nonadherence mediates the link between depression and outcomes. Results: Presence of depressive symptoms independently predicted rehospitalization/mortality (OR 1.2, p = .003). Patients with depressive symptoms were less adherent than non-depressed patients to medication-taking behavior (p < 0.05 for each of 4 objective indicators using the MEMs), and to activity, smoking, alcohol intake, medication taking, daily weighing and symptom monitoring (each p<0.05) assessed by MOS. There was no association between depression and dietary sodium adherence (MOS or UNA), likely because depressed patients ate less than non-depressed patients so their sodium intake was lower regardless of adherence. Mediation analysis indicated nonadherence mediated the relationship between depression and rehospitalization/mortality. Conclusions: An important mechanism linking depression and HF outcomes is nonadherence to the prescribed regimen. Interventions to reduce depression will enhance adherence and improve HF outcomes.
Similarity of Depression Levels Between Heart Failure Patients and Their Spousal Caregivers

Presenting Author: Misook Lee Chung PhD
Address: 2137 Roswell Dr.
Lexington, Ky 40513
USA
Ph: Fax:
Email: misook.chung@uky.edu
Institution: University of Kentucky

Author List:
Misook Chung
Misook Chung

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/Mental Health

Abstract:
Background: Interactions between patients and spouses are necessary and inevitable in chronic heart failure (HF) disease management. The Theory of Emotional Contagion suggests that both positive and negative emotions are contagious and transmittable between close individuals. However, emotional contagion between spousal caregivers and patients with HF remains largely uninvestigated. The purpose of this study was to examine similarity of depression levels in patients with HF and their spousal caregivers.

Methods: Depression was assessed in both patients and spouses using the Beck Depression Inventory-II (BDI-II). Depression was reassessed at 3-month follow up. The score of 10 on the BDI-II is the standard cut-point and was used to divide dyads into depressed and non-depressed groups. Paired t-test was used to examine the similarity of depression between patients and spouses. Repeated measures analysis of variance (ANOVA) was used to determine the trajectory of depression across time in both patients and spouses.

Results: Of the 31 dyads (18 male and 13 female patients, mean age 60 years; spousal mean age 55 years), 39% of patients and 42% of spouses had depressive symptoms at baseline assessment. In a paired t-test, depression level of patients was similar to their spouses (10.4 vs. 10.9, p = .84). At the 3-month follow up, 28 dyads reported their depression. Depression level of patients was also similar to their spousal caregivers at 3-month follow up (12.1 vs. 9.1, p = .21). Repeated measures ANOVA revealed no difference in depression levels of patients (10.3 vs.11.6, p = .22) and spouses (11.1 vs. 9.1, p = .21) across time.

Conclusion: The patient-spousal caregiver dyads had similar depression levels across time, which supports the Theory of Emotional Contagion. These results suggest that interventions to decrease depression should include both patients and spouses.
Lipodystrophy and Depressive Symptomatology in HIV/AIDS

Presenting Author: Kenn M. Kirksey PhD
Address: 616 Memorial Heights Dr. 4301
Houston, Texas 77007
USA
Ph: Fax: 713-566-4709
Email: kenn_kirksey@hchd.tmc.edu
Institution: Harris County Hospital District

Author List:
Kenn Kirksey

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Statement of Purpose and Aims of the Research: To identify the relationships among body fat changes and select predictor variables in persons with HIV/AIDS. Specific Aims: 1) Examine the relationship between sociodemographic characteristics and lipodystrophic symptomatology; 2) Determine the relationship between body fat changes and presence of psychological manifestations. Research Question: What are the relationships among demographic attributes, anthropomorphic changes, and depressive symptoms in persons with HIV/AIDS? Significance: Life expectancies in HIV-infected persons have improved with the advent of highly active antiretroviral therapies (HAART). While defined as a chronic illness, there has been an exacerbation in medication-related symptoms, with lipodystrophy as one of the most pervasive. Methods: Descriptive, correlational design; Convenience sample; N=1,217 subjects in the United States, Colombia, Norway, Puerto Rico, and Taiwan; Instruments: Sociodemographic Data Form, AACTG Body Change and Distress Scale, and the Sign and Symptom Checklist. All instruments had well-established validity and reliability. Findings: The sample (n=1,217) consisted of approximately 68% (n=821) males, and 57.9% (n=777) African-American/Blacks or Hispanic/Latinos. More than 2/3 (n=923, 75.8%) reported “barely adequate” or “totally inadequate” income, and 65% (n=785) did not work for pay. Nearly 41% (n=493) had AIDS, and 54.3% (n=655) reported co-morbidities. Approximately 70% of the sample experienced lipodystrophy. Positive relationships were noted between age and lipoatrophy (face, r=0.124, p=0.000, n=842; buttocks, r=0.086, p=0.013, n=845; and arms/legs, r=0.161, p=0.000, n=845). There was a negative correlation between gender and neck fat (r=-0.130, p=0.000, n=845) and a positive relationship between ethnicity and arm/leg lipoatrophy (r=0.164, p=0.000, n=856). There were positive correlations between individuals previously taking HAART and fat losses (buttocks, r=0.098, p=0.004, n=857; arms/legs, r=0.090, p=0.009, n=856), and presently taking HAART and fat gain (belt/waist, r=0.093, p=0.006, n=875). Discussion: These findings have the potential to enhance the knowledge base related to lipodystrophy and nursing management strategies in persons with HIV/AIDS.

Back to Top
Depressive Symptoms in Men after Traumatic Injury: Examination of Associated and Influencing Factors

Presenting Author: Elizabeth Ruth Van Horn PhD
Address: 114 Eva Drive
Gibsonville, NC 27249
USA
Ph: Fax: 336-334-3628
Email: vanhorn@acpub.duke.edu
Institution: The University of North Carolina at Greensboro

Author List:
Elizabeth Van Horn

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-UNC-CH SON T32 NR07091
-Sigma Theta Tau, Alpha Alpha Chapter, Small Research Grant $500
-UNC-CH Smith Graduate Research Grant $500

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/Mental Health

Abstract:
Significance and Purpose: Depression after traumatic injury has been found in greater than 30% of trauma patients and can negatively affect recovery outcomes. To date little research has examined depression in men after injury and the associated factors. The purpose of this descriptive study was to examine depressive symptoms in men after traumatic injury and the associated factors including trauma-related variables and resource losses experienced. Research questions included 1) What factors influence depressive symptoms in men after injury? 2) What types of loss of resources do male trauma patients experience? 3) How do these losses relate to depressive symptoms?

Methods: Using a cross-sectional design, a sample of 35 male trauma patients recruited from two university medical center clinics participated in a single interview within four months of injury. Subjects completed a measure of general health, resource loss, coping, and depressive symptoms. Data analysis included descriptive statistics, correlational, and t-tests analyses.

Findings: Nearly half of the sample (49%) reported CES-D scores > 16, with 43% of subjects experiencing moderate to severe levels of depressive symptoms. Subjects with higher depression scores sustained significantly greater loss of resources, especially in the areas of personal attainment, self-value, and finances. High levels of personal losses included feelings of success, value, pride, goal accomplishment, stamina, and independence. Financial and employment losses included job stability, adequate income, and emergency savings. Demographic and injury-related factors did not predict depressive symptoms in this sample.

Discussion: Male trauma patients who experience high levels of loss of personal and financial resources are at a greater risk for depressive symptoms at levels warranting intervention during early recovery from injury. In addition to depression screening, future research should be conducted to support the development of nursing interventions to aid individuals in managing resource losses and their effects on depressive symptoms and recovery outcomes.

Back to Top
Symposium IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT:

Presenting Author: Sharon Barton PhD
Address: 533 College of Nursing
Lexington, KY 40536-0232, KY 40536-0232
USA
Ph: Fax:
Email: sjbart1@email.uky.edu
Institution:

Author List:
Elizabeth Reifsnider
Elizabeth Reifsnider

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Impact of Cultural Practices and Cultural Beliefs on Weight

Obesity, which is at epidemic levels in our country, is widely believed to be responsible for the rise in the incidence of type 2 diabetes mellitus as well as its attendant complications which includes end stage renal disease, blindness and cardiac disease.

The standard definition of obesity is a body mass index (weight in kg/ht in meters2) that is greater than 30. However, this clinical measure may be understood differently in specific cultural populations. The purpose of this symposium is to explore how different cultures understand the measurement of BMI and how these populations interpret their health or appearance, and in what terms they think of their body weight.

Body weight is an objective measure, but its significance varies widely based on its interpretation. How body weight is viewed, understood, or managed is dependent on one’s cultural heritage. Health professionals may not understand the impact a client’s culture has on how a client thinks about body weight. This symposium will examine the impact of cultural beliefs and the cultural practices that express those beliefs on research participants’ reported weight, or the weight of their children. The areas of the country that are represented are rural Appalachia, rural Pennsylvania, Texas/Mexico border region, and urban Georgia. Also represented are a variety of methodologies, including ethnography, grounded theory, descriptive, and instrument validation. This symposium has grown from connections made between researchers who met at SNRS. It is a natural outgrowth of the synergy that occurs between areas of research that appear to be discrete but are actually different facets of a larger phenomenon. Interventions to address the epidemic of obesity can occur when such synergy is harnessed and utilized.
SYMPOSIUM TITLE: IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT
PAPER TITLE: MY BIG BEAUTIFUL BABY: FAMILY PERCEPTIONS OF INFANT GROWTH

PURPOSE and BACKGROUND: The purpose of this abstract is to present findings from a study of infant feeding practices, related to weight, growth, and cultural practices in the rural southeast. Overweight and type II diabetes in childhood are not uncommon in the region. Cultural practices such as formula feeding, early introduction of solid foods, and reliance on fast foods and carbonated beverages may contribute to poor nutrition and rapid weight gain.

METHODS: In this longitudinal ethnography, mothers were contacted within the first month of their infant’s life and asked to participate in interviews over the first year and a half. Family members or friends who helped mothers make decisions about infant feeding were interviewed up to four times. Interviews were transcribed, reviewed for accuracy and coded. Analyses were completed using Atlas ti.

FINDINGS: Mothers and family members were vigilant about infant weight gain, always wanting to know that their child had “gained”. This vigilance did not extend to actual knowledge about the infant’s progress on a standardized growth chart. A parent commented, “I think most of your parents and stuff want fat babies, they don’t want little bitty skinny babies...”. Cultural practices that influence rapid weight gain in infants included the early introduction of table foods and progression to a fast food diet.

DISCUSSION: Nurses can use the growth chart as a teaching aid to show family members the slope of infant growth. Family members can be taught information on the importance of infant nutrition on infant brain development. Family members can be encouraged to feed home cooked foods and to adapt local foods to healthier preparations.
FEEDING PRACTICES AND HEALTH PERCEPTIONS OF MOTHERS IN RURAL NORTHWESTERN PENNSYLVANIA

BACKGROUND AND PURPOSE:
The purpose of this research is to describe the process of how mothers learn to feed their children and their perceptions of their children’s health. Overweight during childhood is one of the major risks factors for the development of severe obesity and type 2 diabetes mellitus in adulthood, with all of its risks for cardiovascular diseases. Understanding how learn how to feed their children can be the genesis of primary prevention for the problems of obesity.

METHODS:
Interviews with mothers of children 5 years of age or younger were conducted and analysis carried out consistent with Grounded Theory (Corbin and Strauss, 1998). Analysis identified the mothers’ perception of their children’s health as it related to nutrition, described how the mothers fed their children, described the process involved in assuming the feeding role, described the beliefs and motivations underlying the feeding process and identified and explored possible sources of their feeding knowledge and any variables affecting the utilization of those sources. Other measurements included height and weight of both mother and children with calculated body mass index, and several demographic variables (not limited to ethnicity) to describe the sample.

FINDINGS:
The result of this grounded study is thick description of how mothers in rural Northwestern Pennsylvania perceived their children’s nutritional health and how that impacted their feeding behaviors as mothers. Additionally, their utilization of information sources also concerned learning how to feed their infants prior to giving birth to them, and at the children’s various developmental levels as the children got older.

CONCLUSIONS:
Culture and rural location may be important factors in designing interventions for prevention of obesity from this study. An appreciation of the perceived influence of eating/feeding on children’s health and weight is an interesting result of this study.
BACKGROUND AND PURPOSE:
The prevalence of overweight (BMI >95th %) 4th grade school children in Texas is highest in the Lower Rio Grande Valley, however, rates of overweight children in Texas is higher than in the nation overall. Nevertheless, minority children have higher rates of being overweight than non-Hispanic white children, and in Hidalgo County Texas (along the Rio Grande River) where the research occurred, the population is 88% Hispanic. The purpose of this research was to discover the common child care practices among Hispanic mothers in regards to feeding, activity, parenting, and their own activities.

METHODS:
Triangulation of data was used to provide a full picture of mothers’ feeding and parenting practices. Data were collected through questionnaires, surveys, and diet recalls from 88 mothers of toddlers in WIC, and interviews of 25 mothers of preschoolers about their feeding and parenting practices. Quantitative data were analyzed using SPSS for differences between mothers of overweight and normal weight toddlers, and qualitative data were analyzed using content analysis.

FINDINGS:
Overweight children drank more sweetened beverages and ate more corn tortillas, cereal, and rice than did normal weight children. The mothers of overweight children were heavier than the mothers of normal weight children. The mothers of normal weight children were more likely to be born in Mexico and have a Mexican cultural orientation. Normal weight children drank more water, and ate more American cheese, whole apples, and roasted chicken than did overweight children. Interviewed mothers believed that solid foods were foods that could be picked up and did not consider baby food or baby cereal to be solid foods.

CONCLUSIONS:
Cultural practices of eating fresh fruits and vegetables, drinking water, and active outdoor play protect toddlers and preschoolers from overweight. Increased consumption of sweetened beverages place children at risk for overweight.
Abstract ID: 372

**Symposium IMPACT OF CULTURAL BELIEFS AND CULTURAL PRACTICES ON BODY WEIGHT: CULTURE, WEIGHT, AND AFRICAN AMERICAN WOMEN**

**Presenting Author:** Dorothy Coverson RN, PhD  
Address: 201 Dowman Drive  
Atlanta, GA 30322  
USA  
Ph: Fax:  
Email: dcovers@emory.edu  
Institution:

**Author List:**  
Elizabeth Reifsnider  
Dorothy Coverson  
Ora Strickland

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
**FDA Disclosure:** Cleared: Yes

**Abstract Subject:** Health Promotion/ Self-care

**Abstract:**

Background: Culture plays a major role in the construction of notions regarding weight, especially for African American women (AAW). However, limited data exists regarding perceptions of weight among AAW.

Purpose: To assess the reliability and validity of a culturally sensitive measure, the Weight Perception and Control Scale (WPCS), in AAW.

Sample: A convenience sample of 181 urban AAW aged 18-45.

Measure: The WPCS is a 30-item, self-report, norm-referenced measure designed to assess perceptions regarding weight in AAW. The WPCS has three subscales: self-image in relation to weight, social support for weight control, and weight management. Items are scored on a 5-point Likert scale. Total scores range from 30-150.

Hypotheses: The Cronbach’s alpha for the WPCS will be 0.70 or greater. Age, socioeconomic status (SES), body mass index (BMI), and waist circumference (WC) will be significantly associated with the three subscales of the WPCS.

Results: Data was analyzed with SPSS 14.0. Descriptive statistics: mean age = 31.2 (7.4) years, mean BMI = 29.5 (7.8) kg/m2, mean SES (Hollingshead) = 34.5 (1.3) and mean WC = 36.1 (5.9). The Cronbach’s alpha for the total scale was .72. Item-to-total correlations ranged from 0.033-0.692, alpha-if-item deleted ranged from 0.683-0.771. Age, BMI, SES and WC were significantly associated with the self image in relation to weight and the weight management subscales.

Conclusion: Internal consistency indicates that the WPCS is a reliable measure. Construct validity was supported for the self image and weight management subscales. However, limited variance, due to subjects responding similarly on a number of items, spuriously lowered reliability. In addition, AAW appear to have conflicting personal views regarding perceptions of weight; therefore, this construct needs to be further explored. Testing of the WPCS in a larger sample is needed in order to further assess the reliability and validity of the measure.
Symposium Liehr: Mining the Evidence in Health Challenge Stories to Inform Nursing Practice

Presenting Author: Patricia Liehr PhD RN  
Address: Florida Atlantic University, Christine E. Lynn College of Nursing 777 Glades Rd.  
Boca Raton, FL 33431-0991  
U.S.A.  
Ph: Fax:  
Email: pliehr@fau.edu  
Institution: Florida Atlantic University

Author List:  
Patricia Liehr  
Patricia Liehr

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:  
This symposium recognizes stories as substantive evidence, with the potential to inform nursing practice and thereby contribute to knowledge development for the discipline. Pamela Reed has suggested that the integration of practice and knowledge development is critical to nursing’s pursuit of jurisdiction over practice. Evidence is essential for this integration and stories are an untapped source of meaningful evidence. Stories are central to the caring practice of nursing; nurses cannot get through their day without gathering stories or at least being aware of the stories which create context for the unique needs of people in their care. Yet, stories are seldom recognized or mined for the evidence they can provide. This symposium will present a middle range theoretical base, Story Theory, which describes intentional dialogue about a health challenge, as the core approach for maximizing access to the evidence available in stories. Story Theory guides dialogue about a health challenge that is important to the person sharing the story. The story-path method for data-gathering will be described in: an adolescent story of living with chronic daily headaches; adolescent stories of being obese; and, stories of people on hemodialysis who are attempting to make lifestyle changes. Each symposium paper will address methods used to analyze data, including case study, phenomenological and linguistic analysis methods. Finally, each paper will address substantive evidence emerging from story data; and, how this evidence informs nursing practice. Synthesizing comments at symposium end will describe the contribution of story evidence to knowledge development. Objectives are to:  
• conceptualize stories as evidence available for practicing nurses;  
• provide a theoretical structure, guiding data-gathering through story path, and;  
• describe evidence in an adolescent story of daily headaches, adolescent stories of being obese and stories of hemodialysis patients attempting to make lifestyle change.

Back to Top
Purpose: This qualitative study was aimed at explicating the meaning of being obese for adolescents attending a medical clinic for weight reduction.

Significance: The percentage of obese adolescents has been rising at an alarming rate. Evidence offering an understanding of obesity from the perspective of the adolescent may provide direction for addressing this health challenge.

Method: The phenomenological method which is directed toward explicating the meaning of human experience through analysis of descriptions was used. Three adolescents were engaged in telling their story over three sessions using the story path method. Each thirty minute conversation was tape recorded and then transcribed for analysis. The analysis focused on uncovering the thematic structures that tie together to compose the story of being obese.

Findings: Six structures were uncovered as findings:
• forever knowing of self as overweight that surfaces in everyday living;
• persistent struggle to exercise and eat right that brings little change in weight;
• facing of ridicule and embarrassment in relationships that is without end;
• yearning for a close relationship with a peer of the opposite sex that is not fulfilled;
• desire to push being overweight to the background and to focus on a manageable personal strength;
• feeling of comfort and closeness with family in spite of moments of upheaval.

Discussion: Evidence based implications from this study include: focusing on personal strengths as well as eating and exercise, including family members in the plan of care, and attending to the ongoing story of the persistent struggle with losing weight and pre-judging that comes in relationships with others. The story findings will be discussed as evidence for practice with these young people who are taking on the battle of this health challenge every day of their life.
Purpose: Portrayal of an adolescent experiencing chronic daily headache will be presented through case study analysis.
Significance: Recurrent headache has been reported in 29% of adolescents aged 12 to 19 years. It is second only to seizure as the most common referral to pediatric neurologists.
Method: Data were collected three times over a period of six months from a 15-year-old girl who sought treatment for chronic daily headaches. At each visit, the participant wrote for ten minutes about her deepest thoughts and feelings and then completed the Wong-Baker FACES Pain Rating Scale (0 = no hurt through 10 = hurts worst). At the third visit, she participated in a 30-minute conversation using story path. The conversation was tape recorded and transcribed for analysis. Rigor was validated with a person experienced in qualitative analysis.
Findings: Seven themes were uncovered in the writings and story:
1) Experiences stress related to health concerns, financial instability, multiple deaths and conflict within family;
2) Pushes hard to make A’s in school in the face of reading disability, lack of peer support, and classroom noise;
3) Receives support and encouragement from teachers;
4) Seeks guidance and is comforted by the Lord;
5) Understands behaviors that aggravate headaches yet continues these behaviors;
6) Continues daily activities in spite of dizziness, stabbing pain and fatigue with headaches;
7) Recognizes family history of recurrent daily headaches.
Ratings on the pain scale were 8, 5, and 5 at the first, second and third visits.
Discussion: The findings offer evidence of the difficulties faced in practicing lifestyle behaviors to relieve chronic daily headache and the importance of writings and story as part of the headache workup. Further implications include teaching healthy lifestyle behaviors and offering ways to practice these behaviors based on what is important to the young person.
Symposium Liehr: Evidence Emerging in the Lifestyle Challenge
Stories of Hemodialysis Patients

Presenting Author: Debra J. Hain DNS, MS, GNP, APRN-BC
Address: Florida Atlantic University, Christine E. Lynn College of Nursing 777 Glades Rd.
Boca Raton, FL 33431-0991
U.S.A.
Ph: Fax:
Email: dhain@fau.edu
Institution:

Author List: Debra Hain
Debra Hain

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose: The overall purpose of this analysis was to explore the differences in cognitive words in stories of lifestyle challenge for adherent and nonadherent older adults undergoing hemodialysis.
Significance: There is an expected increase in the number of older adults undergoing hemodialysis. These individuals often do not adhere to behavioral change regimens and are labeled nonadherent. There is a need to understand how people think about lifestyle change.
Method: This descriptive comparative study examined the differences in cognitive word-use for adherent and nonadherent older adults undergoing out-patient hemodialysis. Stories of the challenge of making lifestyle change were collected using story path method; were audio-taped and were analyzed with linguistic analysis and word count (LIWC). LIWC calculates the percentage of words used in particular word categories relative to all words in the story. For this study, words indicative of cognitive processes were analyzed, including insight words. Determination of adherence groups was based on serum phosphorus levels and interdialytic weight gain values. ANOVA (p < .05) was used to analyze the data; significant results are reported.
Findings: Sixty-three subjects with an average age of 72 + 7.8 years participated. Most (56%) were male and Anglo-American (64%) with representation from African-Caribbean (19%), African-American (11%) and Hispanic (6%) populations. There were significant differences in cognitive process words (adherent: 7.1 + 1.7; nonadherent: 8.1 + 1.9) and insight words (adherent: 2.1 + .8; nonadherent: 2.8 + 1.6).
Discussion: Evidence indicates that hemodialysis patients who do not adhere use more cognitive process words in their stories than those who adhere; those who adhere are less reflective and may be more willing to accept provider advice regarding lifestyle change. The evidence about the reflective stance of people who do not adhere demands further attention in nursing practice and research.

Back to Top
Impact of Prenatal Maternal Identity Formation, Military Deployment, Family Adaptability, and Community Support on Postpartum Maternal Identity Attainment

Presenting Author: Karen L. Weis PhD  
Address: 96 MDG/SGQ 307 Boatner Road, Suite 114  
Eglin AFB, FL 32542  
USA  
Ph: Fax: (850) 883-8864  
Email: karen.weis@eglin.af.mil  
Institution: 96th Medical Group, Eglin Air Force Base

Author List:
Karen Weis  
Karen Weis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
BACKGROUND: Maternal identity formation occurs during the three trimesters of pregnancy and two trimesters following delivery. Important to maternal identity formation, is acceptance of the mother by family and significant others within her social environment. Visualizing oneself as a mother correlates with maternal adaptation and responsiveness to infant. Within the military, the development of strong social support networks is complicated by geographical separation from family and friends. Anxiety surrounding identity formation may be further complicated by military-imposed separations. PURPOSE: Determine if patterns of change over time in prenatal maternal identity formation, family adaptability, or community support are predictive of six-month postpartum maternal identity formation. METHODS: Investigation of individual growth models of prenatal maternal identity formation were assessed using the Social Support Index (SSI), Prenatal Self-Evaluation Questionnaire (PSEQ), FACES II, and the Postpartum Self-Evaluation Questionnaire (PPSEQ) in each trimester and at six-months postpartum. Subjects were 388 women of mixed parity, all military beneficiaries, either active duty or dependant wives receiving care at 4 military treatment facilities. Findings: Acceptance of Pregnancy did not significantly affect Confidence with Motherhood Role and Tasks (CMRT) or Satisfaction with Infant Care (SIC). Identification of the Motherhood Role (IDMORO) did have a statistically significant affect on CMRT and with SIC. The slope of Family Adaptability had a borderline significant effect on SIC and the slope of Community Support had a statistically significant effect on CMRT. Deployment and IDMORO predicted SIC. DISCUSSION: As early as the first trimester, accepting pregnancy changes and identifying with one’s role is interlinked with postpartum role satisfaction. Prenatal community support and family adaptability increase maternal identity formation. First trimester deployment had significant effects on postpartum maternal identity attainment. The findings provide the information to guide nursing intervention and policies for military families.
Social Support Usage Among Inner City Women with Postpartum Depressive Symptoms

Presenting Author: Debra Anne Scrandis PhD
Address: 655 West Lombard Street Suite 675D
Baltimore, MD 21021
USA
Ph: Fax: 410-706-3686
Email: dscra001@son.umaryland.edu
Institution: University of Maryland Baltimore

Author List:
Debra Scrandis
Debra Scrandis

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y

Grants/Research Support:
- University of Maryland School of Nursing

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Significance: Thirteen percent of postpartum women experience depressive symptoms every year. When left untreated, women may experience chronic depression, suicide, and infanticide. Women’s perception of social support can play a role in severity of depressive symptoms and help seeking behaviors. Limited research exists on types of support inner city women find helpful or not helpful during their depressive symptoms through 4 months postpartum.

Purpose: To examine how inner city women utilize social support while experiencing postpartum depressive symptoms.

Research questions:
1) What social supports do women use when they have postpartum depressive symptoms?
2) How does perception of social support change over 4 months postpartum?

Methods: Grounded theory addressed the research questions since perceptions evolve over time. Purposive sampling identified participants with a range of depressive symptoms for breadth of responses. Women without reported symptoms provided case comparisons. The sample was 15 cases from an inner city women’s clinic. Participants were screened with the Edinburgh Postnatal Depression Scale at 4–6 weeks and interviewed about support usage at 6–8 weeks and 10–12 weeks postpartum.

Data collection and analyses occurred simultaneously to ensure responses addressed the research questions. As analyses continued, focused questions completed the developing concepts. The primary investigator and co-investigator reviewed the data collected for accuracy.

Preliminary findings: All participants had support offered to them in the immediate postpartum. However, women with higher depressive symptoms had perceived negative changes in their support relationships as their postpartum period progressed and were unwilling to disclose their symptoms. The basic social process and categories will be developed as analyses continue.

Discussion: These findings demonstrate what postpartum women use for supports, the process of usage, and how providers can help symptom disclosure. Further research can examine help seeking behavior and influences of social support. Provider education and screening policies will be addressed.
Maternal Depression and Infant Temperament Characteristics

Presenting Author: Jacqueline M McGrath PhD, RN, NNP, FNAP
Address: 1442 East Briarwood Terrace
Phoenix, AZ 85048
USA
Ph: Fax: 480-965-0054
Email: jacqueline@asu.edu
Institution: Virginia Commonwealth University

Author List:
Jacqueline McGrath

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Examine differences in infant temperament characteristics of depressed and non-depressed mothers at delivery and months 2 and 6 postpartum.
Methods: A longitudinal design, guided by stress response theory, was used. English-speaking women (N = 139) in their third trimester of pregnancy were recruited from care provider’s offices in the Pacific Northwest with a mean age of 27 years (SD = 5.2). Ethnic representation was approximated for the region with the majority (88%), reporting Caucasian ethnicity. Infants were born at 38.80 weeks mean gestation (SD = 1.8) with mean birthweight of 3430 grams (SD = 480). There were 48 (35%) mothers in the depressed group and 66 (47%) mothers in the non-depressed group. The demographic variables did not differ between groups.
Measurement included: Severity of Violence Against Women Scales, Edinburgh Postpartum Depression Scale, Childbearing Health Questionnaire, Centers for Epidemiology Depressed Mood Scale, and the Predictors of Postpartum Depression Inventory. Initial data were collected in prenatal offices and subsequent data collected via telephone and mailed surveys.

Results: Infant temperament, at 2-months of age, was significantly different (p = .019) between the groups, with depressed mothers reporting more difficult infants in several dimensions. Mothers’ reports of child care stress were not significantly different at 2-months post delivery (p = .5). No differences in family support were noted between the groups.

Conclusions: Infant temperament is related to the presence of depression and is not altered by presence of family support or child care stress. Practice innovations are needed to improve detection of maternal depression during the postpartum period and simultaneous assessment of infant temperament. Mothers need interventions that will facilitate goodness of fit within the dyad. Further research needs to explore whether these relationships are similar to those experienced by different ethnic groups.

Grant Support: National Institute of Nursing Research, 1R15 NR05311-01A2.

Back to Top
Follow up care with low socioeconomic first time mothers

Presenting Author: Jean L Hannan MSN
Address: 9000 N.W. 53 Manor
         Coral Springs, Florida 33067
         USA
Ph: Fax:
Email: jhannan38@yahoo.com
Institution:

Author List:
jean Hannan

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Significance: Compared with the rest of the nation Florida is a region with one the highest number of women and children living below the poverty level, and without health insurance. Providing affordable, quality health care for these women and children presents challenges both to them and to health care providers. Inappropriate use of the emergency room and urgent care visits for routine health care is one of the most costly activities for the healthcare system and for the patients. Contact with health care professionals via telephone has been demonstrated to decrease emergency room and urgent care visits in other patient groups.

Purpose: The purpose of this study with low socioeconomic minority first time mothers was to test the effects of telenursing (follow up telephone calls) on use of the emergency room for newborn care over the first 2 months post hospital discharge for delivery.

Methods: This randomized clinical trial compared effects of nurse telephone calls to first time mothers post delivery discharge on days 3, 7, 14 and weeks 4, 6 and 8 (intervention) to usual care (no routine follow up). The sample consisted of 69 mother infant pairs (33 control, 36 experimental) with maternal ages between 18-36 years. Sixty four percent of the sample were Hispanic, 19% Black and 17% other racial/ethnicities. There was no significant difference in maternal age, race or receipt of prenatal care by group.

Findings: Sixty mothers completed the 2 month data collection (27 control, 33 experimental). 70.3% of the control group mothers and 18% of the experimental group mothers had emergency room visits. Using chi square, the experimental group had significantly fewer emergency room visits.

Discussion: Telephone support by nurses is effective in reducing unnecessary emergency room visits post delivery discharge in low socioeconomic minority first time mothers.
Abstract ID: 67

Living with Loss by Homicide - A Phenomenological Study

Presenting Author: Beverly Baliko PhD, RN
Address: 9 Greenbrook Ct.
Columbia, South Carolina 29210
USA
Ph: Fax:
Email: baliko@earthlink.net
Institution: University of South Carolina

Author List: Beverly Baliko

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
The purpose of this study was to explore the lived experience of loss by homicide in family members whose loved ones have been murdered. Despite the persistent prevalence of homicide in the US, the implications of such a loss remains an understudied topic. Most previous research has focused on identifying associated psychiatric pathologies. A qualitative phenomenological approach allowed a broader description of the experience from the perspective of individual survivors. A convenience sample of ten adult family members engaged in unstructured interviews in which they were asked to describe their experiences related to losing their loved ones by homicide. Phenomenological methodology guided data collection and analysis, resulting in the identification of four major themes representing aspects of the experience that participants found essential to its description:
1. The Experience is Like Living a Nightmare: Participants indicated that the homicide had a holistic impact, with turbulent and powerful emotions prominent. Grief was complicated by the suddenness, violence, and intentionality of the homicide, and often by prolonged negative experiences with community agencies.
2. Mobilizing – Reclaiming the Self: Certain behaviors and activities were seen by participants as critical to survival, buffering the impact of the loss and helping them regain a sense of purpose and meaning.
3. Relating with Others – Weaving and Unraveling: Relationships with family members and others in the community were changed, disrupted, and healed in the aftermath of the homicide.
4. The Experience is Transformative: Participants experienced the homicide as a life-changing event with meaning and responses evolving in the context of personal beliefs and values. Healing was experienced as learning to live with the changed reality and, for some, a release of resentment toward the perpetrator.

The findings suggested areas for further study, particularly in the ways participants interpreted healing, and informed the development of potentially more effective interventions.

Back to Top
Abstract ID: 134

The Effect of Reflexology on Self-Reported Joint Pain

Presenting Author: Laree J Schoolmeesters PhD, RN
Address: 9 Melrose Court
Columbia, SC 29229
USA
Ph: Fax:
Email: bestrnteacher@yahoo.com
Institution: University of South Carolina

Author List:
Laree Schoolmeesters

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
In the U.S., 1 of every 3 people is affected by painful arthritis (CDC and Prevention, 2002). Arthritic medications have caused adverse reactions e.g. Vioxx recall (U.S. FDA, 2005) and others may have adverse effects when used long-term. These effects may be minimized by adjuvant nonpharmacological modalities, such as reflexology, a complementary therapy. Reflexology is a noninvasive technique of applying topical pressure to specific points on the feet thought to represent somatic organs. The purpose of the study was to determine the effect of foot reflexology on self-reported osteoarthritis joint pain. The hypothesis was that participants with joint pain who received reflexology would have less pain after treatment than those receiving a placebo massage or control condition. The effect may be explained by the gate control theory. A power analysis was calculated using G*Power® software computer program (Faul & Erdfelder, 1992) with .99 power for the parameters of alpha = .05, with a large ES of 1.0408. A convenience sample (N = 119) were randomly assigned to three groups (n = 41 treatment-foot reflexology, n = 39 placebo-foot massage, and n = 39 control-arthritis information) for the experimental pretest-posttest controlled clinical trial. Pain was measured before and after the 15-minute intervention with the Short Form McGill Pain Questionnaire. A limitation was the researcher administering all interventions and questionnaires. Multiple regression was used to analyze the hypothesis. The groups receiving either reflexology or massage had significantly less posttest pain than those receiving arthritis information. Reflexology, however, did not statistically result in less pain than massage. Clinical effect was found in the reflexology group who had 8 to 18% improvement (less pain on all pain scales), compared with those in the massage group. The results generated knowledge for research, education, and practice regarding adjuncts for joint pain relief.

Back to Top
STRESS, COPING, AND HEALTH IN AFRICAN AMERICAN WOMEN: DEVELOPING A MODEL TO EXAMINE THE INTERSECTION OF RACE, GENDER, AND ‘GENERIC’ STRESS

Presenting Author: Cheryl Woods Giscombe PhD RN
Address: School of Nursing, Carrington Hall Campus Box 7460 The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7460
usa
Ph: Fax: 919-966-3540
Email: cheryl.giscombe@unc.edu
Institution: unc chapel hill

Author List:
Cheryl Woods Giscombe
Cheryl Woods Giscombe
Marci Lobel

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
African American women (AAW) experience disparate rates of morbidity from stress-related health conditions (e.g., hypertension and obesity). Empirical assessment of the health effects of stress may be limited if the basic operationalization of stress excludes the unique experiences of the population under study. We used structural equation modeling to examine a multidimensional conceptualization of stress in a socioeconomically diverse group of 189 AAW aged 21 to 78. The association between race-related, gender-related, and generic stress was examined to determine if there is a shared conceptual component that allows them to be treated as a single multidimensional stress factor. The impact of this stress factor on psychological distress, as well as the unique impact of each type of stress was examined. Since distress occurs when resources to cope are overwhelmed, we also examined how coping strategies moderate the association between stress and distress. Findings supported a multidimensional conceptualization of stress. Race, gender, and generic stress contributed equally to the stress factor. Stress, operationalized multidimensionally, predicted a substantial portion of variance in symptoms of psychological and physical distress. The combined elements of race, gender, and generic stress predicted distress more powerfully than each type of stress individually. Experiences related to central elements of identity (e.g. ethnicity and gender), as well as major recent life experiences intersected to define the stress experience of AAW. Therefore, one domain of stress should not be considered without the others. Moderation findings indicate that stress can be more harmful if women cope by avoidance or eating. Women who experience equivalent levels of stress may differ in their stress-related symptoms because of the ways they attempt to manage stress. Stress-related eating behavior was positively correlated with weight, suggesting that stress may be indirectly associated with overweight and obesity among AAW through its association with eating responses.
Measuring social support for Cuban refugees

Presenting Author: Donelle M. Barnes PhD, RN
Address: Texas Christian University TCU Box 298620
         Fort Worth, Texas 76129
         USA
         Ph: Fax: 817-257-7944
         Email: d.barnes@tcu.edu
Institution: Texas Christian University

Author List:
Donelle Barnes

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- NINR/NIH
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
During resettlement, refugees must adapt to changes in housing, jobs, family relationships, and language. This adaptation process frequently produces acculturative stress, and depression is associated with this stress. Refugees have been found to experience five to eight times more depression and emotional distress than the host population. Among new refugees in Texas, 23.8% of adults are depressed as compared to a U.S. population rate of 5.3%. Social support can buffer the stress associated with significant life changes and, among refugees, greater social support has been correlated with reduced depression. Thus, social support interventions to decrease stress and improve mental health outcomes for refugees are vital. The failure of current assistance programs to reduce or prevent depression may be due in part to the failure to address community-level support. Community-level (CL) support is conceptually defined as practical, informational and affective resources available in the refugees’ local, regional and national environment. By improving existing environmental resources during resettlement, refugees may perceive more support. To date, however, the development of CL support interventions has been hampered by lack of descriptive data and valid and reliable measures of CL support for refugees. The purpose of this study was to explore properties of CL support for Cuban refugees and develop a CL support measure for Cuban refugees, a representative refugee group. Qualitative interviews with a convenience sample of 30 Cuban adult men and women in Texas yielded categories of needed support items and sources of support. The most commonly mentioned support need was job training and placement. The most common sources of support were the resettlement agency and other Cubans. From interview data, a new social support measure was created in Spanish, checked by cultural and statistical consultants, and tested with a sample of 160 Cuban adult men and women for item validity and reliability.
Stories of Stress as Markers of Change for People Living in a Therapeutic Community

Presenting Author: Patricia Liehr
Address: Florida Atlantic University, Christine E. Lynn College of Nursing 777 Glades Rd.
Boca Raton, FL 33431-0991
U.S.A.
Ph: Fax:
Email: pliehr@fau.edu
Institution: Florida Atlantic University

Author List:
Patricia Liehr
Patricia Liehr

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Purpose: This study examines the stress stories of people in a Therapeutic Community (TC) as part of a behavioral intervention trial examining the effect of Mindfulness Based Stress Reduction (MBSR) for TC residents.
Hypothesis: There will be changes in positive emotion, negative emotion and cognitive process word-use in TC residents’ written stories of stress over a one month period.
Significance: Substance abuse causes death and disability and effective treatments are elusive. Therapeutic communities, which are structured social environments for treating substance abuse, are often-used but stressful and dropout rates in the first month are high.
Methods: Stories of stress are one component of outcome data in the parent study MBSR behavioral intervention trial. Stories were written in a 15 minute period upon entry into a TC and one month later. Participants (N = 74) were mostly male (81%) and Anglo-American (57%); 31% were African-American. Average age was 37+10 years. Stories were analyzed with Linguistic Inquiry and Word Count (LIWC) software. LIWC reports percentage of words in a given category relative to all words in the subject’s story. Words associated with stress are in the negative emotion word category. A paired t-test was used; change (p< .05) over time is reported.
Findings: There was a decrease in negative emotion words [4.1+2.6 to 3.4+2.1], including anxiety words [2.4+2.1 to 1.8+1.9] and an increase in cognitive process words [8.0+2.8 to 8.9+2.3], including tentative words [2.6+1.5 to 3.2+1.5].
Discussion: TC residents decreased their use of negative emotion words in spite of the stressful nature of the environment; connection with others and movement toward recovery demand further research in relation to this change. Residents also became more reflective and open to possibilities as is suggested with cognitive word use. Effective enhancements of TC treatment might include approaches which emphasize this upward shift in cognitive processes.

Back to Top
Measuring Health Related Quality of Life (HRQoL) in Stroke Survivors

Presenting Author: Joan Wasserman DrPH, MBA, RN
Address: 6901 Bertner RM.612
Houston, Texas 77030
USA
Ph: Fax:
Email: joan.wasserman@uth.tmc.edu
Institution: The University of Texas Health Science Center at Houston

Author List:
Joan Wasserman
Joan Wasserman

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psychometrics/Instrumentation

Abstract:
Measuring Health Related Quality of Life (HRQoL) in Stroke Survivors
Wasserman J., Godwin K., Ostwald SK
The University of Texas Health Science Center at Houston-School of Nursing
Houston, Texas

Background: HRQoL in stroke survivors one to two years post hospital discharge was measured using generic and disease-specific HRQoL instruments.

Methods: The SF-36 (generic) and the Stroke Impact Scale (SIS) (disease-specific) were administered to 33 first-time stroke survivors.

Results: Of the 33 patients, 78.8% were male, 66.7% had mild stroke, 24.2% moderate stroke, and 9.1% had severe stroke. Study participants scored significantly lower (p<0.05) than the general population (age category matched) on seven of the eight multi-item scales of the SF-36: Physical Functioning, Role-Physical, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health. Participants scored significantly lower (p<0.001) than the general population on both physical and mental health component summary measures. Using the SIS, participants had a mean score of 57.23 on the physical summary score: on the four component scales, participants had mean scores of: 44.14 on Strength, 50.31 on Hand Strength, 65.93 on Mobility, 71.26 on Activities of Daily Living (ADL). Participants had mean scores of 79.55 on Memory, 85.91 on Communication, 73.18 on Emotional, and 57.68 on Social Participation. SIS Physical was significantly correlated (p<0.05) with both SF-36 physical measures. Both the SF-36 mental component scores and Mental Health domain measure were significantly correlated with the SIS measures of ADL, Memory, Communication, Emotional, and Social Participation.

Conclusion: Stroke survivors one to two years post stroke had significantly lower scores than the general population on most of the SF-36 health domains with the exception of bodily pain. Significant correlations with major domains of the disease-specific SIS indicate that the SF-36 was sensitive to health states unique to persons with stroke.
Association of Health, Relationships, and Relocation Self-Efficacy to Quality of Life in Older Adults Contemplating Relocation to Independent Congregate Living Facilities

Presenting Author: Eileen K. Rossen PhD
Address: 107 Pier 33 Dr Unit 110
Mooresville, NC 28117
USA
Ph: Fax:
Email: eileen_rossen@uncg.edu
Institution: University of North Carolina Greensboro

Author List:
Eileen Rossen
Eileen Rossen

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Greater numbers of older adults are relocating to independent congregate living communities (ILCs), and a sense of self-efficacy relating to relocation has been proposed as an important determinant of relocation adjustment and well-being. The purpose of this study was to test the Relocation Transition Model which was adapted from Schumacher and Meleis’ Nursing Model of Transitions (1994). A convenience sample of 105 community-dwelling older adults who were considering moving to an ILC completed measures of age, marital status, education, self-rated health, relocation self-efficacy, relations with others, environmental mastery and quality of life. Each instrument was reported to demonstrate reliability and validity and had been previously used with older adult samples. Hierarchical multiple regression analyses indicated that self-rated health, relocation self-efficacy and positive relations with others explained 57% of the variance in quality of life. Half of the variance was explained by relocation self-efficacy alone. Findings from the study may guide the development of meaningful relocation self-efficacy interventions to help older adults who are moving to ILC adjust to the relocation and optimize well-being.
Abstract ID: 242

Improving the Health Care Encounter with Haitian Elders Living in the United States

Presenting Author: Kathleen F Jett PhD
Address: 1132 SW 14 th St
  Boca Raton, Fl 33486
  USA
Ph: Fax:
Email: kjett@fau.edu
Institution: Florida Atlantic University

Author List:
  Kathleen Jett
  Kathleen Jett

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
  +Grants/Research Support:
    -Allegany Franciscan Foundation
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:

Purpose: The purpose of this study was to begin to understand the health-seeking of Haitian elders residing in the United States so that we might increase the quality of the health care encounter.

Question: The research questions were open-ended and asked about seeking health care in the broadest sense.

Significance: Nurses have long been actively engaged in providing care to persons with limited access to health care. One group with limited access today is persons who have recently immigrated to the United States. Newly arrived Haitian elders are increasing in numbers in several major metropolitan areas, as they join their families who immigrated earlier. Most are ineligible for insurance and providing health care can be particularly challenging. In caring for Haitian elders, the challenges include the presence of multiple health problems and language and literacy barriers. Haitian American elders represent a distinct cultural group with unique perspectives and patterns of help-seeking.

Methods: In this qualitative study data were collected through guided interviews with 30 Haitian elders, and one focus group. All research activities were conducted in the participants’ native language of Creole. Thematic analysis of the data was done using the support of the Atlas ti computer software.

Findings: Four themes emerges related to help-seeking: 1) what the elders wanted from a health care encounter, 2) when and how they would seek health care, 3) the circumstances in which they are unlikely to seek or follow-up with health information, and 4) the factors which would increase the likelihood of adherence to a health plan of care.

Discussion: The findings include very specific actions that can be done that to improve the quality of the health care encounter. These include a range of approaches from understanding the reasons for the visit to how best to schedule a follow-up appointment.
Abstract: Informed by the Behavioral Model of Health Services Utilization, the purpose of this descriptive cross-sectional study was to determine individual and system determinants of the use of diabetes education services in a US-Mexico border region with a predominantly Mexican-American population.

Methods: Participants were recruited from community health center sites along the U.S.-Mexico border. The community health center is a member of the National Health Disparities Collaboratives and the Chronic Care Model, which emphasizes education as an essential component of care delivery, is used at all sites. However, each site has implemented this model differently. Some sites use promotoras and others do not. Interviews were conducted with 150 participants, 30 from each site, to assess individual determinants of the use of diabetes education services. Factors evaluated included diabetes self-care behaviors, diabetes knowledge, acculturation, HgbA1C, BMI and diabetes self-efficacy. System determinants were assessed through structured interviews to measure each site’s adoption of the components of the CCM. Individuals at each site who were involved in diabetes education were interviewed resulting in a sample size of 35. To attain convergence of data actual observation of system function and chart audits were also conducted.

Results: Preliminary data analysis reveals that when controlling for individual determinants of the use of diabetes education, diabetes outcomes which included HgbA1C, BMI and diabetes self-care behaviors were better for those sites using promotoras in the delivery of diabetes education. In addition, those sites integrating promotoras into the diabetes education team had better outcomes. Final data collection and analysis will be completed August, 2006 and final results will be presented.

Conclusions: The importance of promotoras who serve as the link between the community and the community health center cannot be overemphasized to decrease diabetes morbidity and mortality in this Mexican-American population living along the US-Mexico border.
The Effectiveness of a Promotora-Led Intervention for Mexican Americans with Type 2 Diabetes

Presenting Author: Josefina Lujan DSN
Address: 1101 N. Campbell Number 309
El Paso, TX 79902-0581
USA
Ph: Fax: 915 747 7207
Email: jlujan1@utep.edu
Institution: University of Texas at El Paso School of Nursing

Author List:
Josefina Lujan
Josefina Lujan

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Paso del Norte Center for Border Health Research

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
The purpose of this randomized control repeated measures trial was to determine the effectiveness of a self-management intervention led by community lay workers called promotoras on the health outcomes of Mexican Americans with type 2 diabetes living in a major city on the Texas - Mexico border. The specific aims of this study were to: 1) decrease the glycosylated hemoglobin (A1c) blood levels at the six-month assessment, 2) increase diabetes knowledge at the three and six-month assessments, and 3) strengthen the participants’ beliefs in their ability to manage diabetes at the three and six-month assessments.

One hundred and fifty Mexican Americans were recruited at a Catholic faith-based clinic and randomized into two groups. Personal characteristics, acculturation and baseline A1c, diabetes knowledge and diabetes health beliefs were measured. The six-month, two-phase intervention was culturally specific and it was delivered entirely by promotoras. Phase One of the intervention consisted of participative group education and telephone contact follow-up. Phase Two consisted of follow-up using inspirational faith-based health behavior change postcards. The A1c levels, diabetes knowledge and diabetes health beliefs were measured at baseline, and three and six months post-baseline. The mean changes between the groups were analyzed using analysis of covariance.

The 80% female sample, with a mean age of 58 years, demonstrated very low: acculturation, income, education, health insurance coverage, and strong Catholicism. No significant changes were noted at the three-month assessment, but the mean change of the A1c levels (F (1, 148 = 10.28, p < .001) and the diabetes knowledge scores (F (1, 148 = 9.0, p < .002) of the intervention group improved significantly at six months, adjusting for health insurance coverage. The diabetes health belief scores decreased in both groups.

This study demonstrated that an intervention led by promotoras could result in decreased A1c levels and increased diabetes knowledge.
The Role of Promotoras in Diabetes Self-Management Education: Research Findings

Presenting Author: Wanda J Borges DSN, APRN-BC, CNS
Address: 2020 Gladys Dr.
Las Cruces, Las Cruces, NM 88001
USA
Ph: Fax:
Email: wjborges@nmsu.edu
Institution:

Author List:
Wanda Borges
Wanda Borges

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
The prevalence of type 2 diabetes is greater among Mexican Americans in the Southwest, than among non-Mexican Americans. The unequal burden of diabetes significantly impacts communities along the United States - Mexico border, where the Mexican-American population increased 28% between 1990 and 2000 - more than twice the U.S. national growth rate for the Hispanic population. Diabetes self-management education is essential in transferring knowledge to patients regarding self-care behaviors that may reduce the morbidity and mortality related to diabetes complications. Research demonstrates that relatively few persons who are referred for diabetes education actually complete formal diabetes education classes and Hispanics are less likely to receive patient education than non-Hispanic patients. Education in small groups, tailoring education to each patient’s individual needs and arranging for preventive services to be available for the patient during a routine visit are all strategies that appear to result in improved self-care behaviors and glucose control. In the Mexican-American population, issues such as language, transportation, lack of education, and discomfort in formal educational settings may interfere with the pursuit of educational opportunities, if they are available within their community.

Promotoras serve as a cultural bridge between the community and health care providers and are frequently used along the US-Mexico border to work within the community to improve health. While improvement in access to care, knowledge and morbidity and mortality rates associated with promotora use have been reported in the literature, little research has been conducted regarding the use of promotoras in Hispanic populations or in the delivery of diabetes education. Health outcomes related to the promotora programs are not being consistently and systematically documented and there is a lack of practice standards. Addressing this dearth of knowledge, our symposium offers findings from three studies that assessed aspects of promotora use in diabetes self-management education.
Abstract ID: 247

Live Item Index Technique (LIITE): Taking out the noise- a tool for improving measurement sensitivity and analytical efficiency

Presenting Author: Patrick McNees PhD
Address: 13045 Royal Fern Drive
Orlando, FL 32828
usa
Ph: Fax:
Email: pmcnees@mail.ucf.edu
Institution:

Author List: Patrick McNees
Patrick McNees

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Purpose: Multiple quality-of-life (QOL) instruments are commonly used in longitudinal clinical trials. However, such instruments often include items that are not sensitive measures for proposed interventions or targeted populations. The resultant data may lead to difficulties in detecting effects and patterns that are clinically important. This paper describes an alternative technique (LIITE) that discriminates sensitive versus insensitive items. The research question was: does use of the LIITE technique help detect significant effects compared with situations where using all items fails in detecting such effects?

Methods: The LIITE technique was developed and tested in the BCEI (Breast Cancer Education Intervention) QoL trial; n=255. Three instruments were used: Brief Pain Inventory; Profile of Mood States, and QoL–Cancer Survivors. Instruments included a total of 98 items. Absolute change scores were calculated and summed to produce item rankings. Thirty-six items common to both Experimental (EG) and Wait Control (WC) groups accounted for 50% of the total variation. Twelve items contributed to 50% of the variance for either the EG or WC. The resulting 48 items accounted for 63% of the variance. Between and within group analyses were performed at 3 and 6 months follow-up using the full data set and LIITE scores.

Findings: At the 3rd month follow up, the results were equivocal. However, at the 6th month, LIITE identified continued improvement in EG that would have been otherwise obscured. Additionally, LIITE detected significant change in the WC after receiving the intervention at Month 6, which was not detected using all items.

Discussion: LIITE may have potential utility in increasing data sensitivity in QoL longitudinal trials. If the efficacy of LIITE is further confirmed, smaller sample sizes will be required in planning future studies. In summary, LIITE is a tool that may improve measurement sensitivity and analytical efficiency.
DATA INTEGRITY: THE VALUE OF CLINICAL CONTEXT IN
DATA PREPARATION AND ENTRY

Presenting Author: Victoria Wochna Loerzel MSN, RN, OCN
Address: University of Central Florida P.O. Box 162211
Orlando, FL 32816-2211
USA
Ph: Fax:
Email: vloerzel@mail.ucf.edu
Institution:

Author List:
Victoria Wochna Loerzel
Karen Dow

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
Purpose: Biostatisticians are integrally involved in designing and implementing the analytical plan for clinical research. However, this can result in data being coded and entered by individuals with little understanding of the clinical context of that data. The result can raise questions about the integrity of the data and interpretations drawn from analyses. The purpose of this paper is to describe the value of early involvement of the Research Nurse in data preparation and entry to improve data integrity.

Methods: Data for this paper were derived from the BCEI, a longitudinal clinical trial testing psychoeducational quality of life (QoL) interventions with 261 early-stage breast cancer survivors. Standardized QoL and study specific tools were used to collect data over a six month period. Initially, data preparation and entry were completed by graduate research assistants from various disciplines outside of healthcare. A Research Nurse was later involved in the data cleaning process.

Findings: Involving the Research Nurse in the data cleaning process resulted in the discovery of data entry errors that, if left unchecked, would have led to invalid and unreliable findings. The Research Nurse with strong clinical oncology skills was able to place the data within the context of the research and identify errors. Qualitative responses and data that were not dichotomous or scaled proved problematic for data entry staff without clinical knowledge to interpret and code.

Discussion: Early involvement of the Research Nurse in data preparation and entry can improve data integrity. Errors identified and corrected prior to analysis lead to more interpretable outcomes and cost savings. Researchers should consider the complexity of their data, and become involved data preparation and entry when clinical context is important for interpreting data. Prospective involvement of the researcher in data management may avoid using resources to correct problematic data after analysis.

Back to Top
Abstract ID: 252

DATA CAPTURE, SECURITY AND INTEGRITY IN AN ELECTRONIC ENVIRONMENT

Presenting Author: Karen H Dow PhD
Address: 12479 Research Parkway, Suite 267
Orlando, FL 32816
USA
Ph: Fax: 407-823-0019
Email: kdow@mail.ucf.edu
Institution:

Author List:
Karen Dow
Patrick McNees

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:

Purpose: Electronic-digital research environments are increasingly common. However, little, if any, attention is paid to challenges associated with electronic data capture. The Fertility and Cancer Project is a psychoeducational support program for young breast cancer survivors having fertility concerns. All aspects of the program were conducted in an electronic-digital environment. This paper: 1) describes an electronic data capture strategy for acquiring primary dependent variable data while collecting incidental resource utilization data; 2) describes strategies and technologies used to ensure secure data acquisition, storage, transfer and analysis, and; 3) discusses implications of appropriate electronic data acquisition and security on data and research integrity.

Methods: A multi-disciplinary project team employed multi-level project design planning, and a rapid prototyping development scheme to develop a comprehensive electronic research environment. The site was divided into three levels of security, ranging from public to participant-only access. A proprietary encryption key-handling technology (Blind Host Encryption™) was used to assure participant anonymity to all but the senior investigators. Participant data and usage patterns were electronically captured.

Findings: The project site has received over 115,000 hits. Seventy-seven participants from 8 countries participated in the program. Questionnaire completion averaged 45 minutes with a mean of 25 minutes per visit. Incidental utilization data were captured and monitored on an ongoing basis. We had no security breaches. Data were securely and automatically transferred from the server to project staff in an analysis-ready format.

Discussion: Electronic-digital research environments present particular challenges and opportunities. Tools drawn from several disciplines were necessary to address the present challenges. With successful implementation, electronic environments can extend psychoeducational research to more diverse international populations while ensuring data security and protection of participants’ privacy. Such environments should result in increases in both data integrity and the research enterprise.
Purpose: This integrating paper outlines the symposium’s scope and identifies common threats to sustaining an ongoing research enterprise. How certain common practices exacerbate these threats are discussed. A conceptual framework for moving from a program of research consisting of discrete but related studies to building a research enterprise is presented. Issues regarding the need for appropriate tools and an empirical approach are addressed.

Background: Researchers are routinely concerned about a plethora of issues ranging from study design to analytical outcomes. However, programs of research are often characterized as a collection of discrete but related studies conducted over time. Papers in this symposium reflect examples of our ongoing attempts to move from such discrete studies toward a sustainable research enterprise. Such methods, processes and tools are necessary if our research toolkit is to contain tools necessary for building and maintaining such a sustainable enterprise.

Presentations: The first two papers address integrity of data and interventions. Ms. Loerzel will illustrate and discuss the necessity of integrating “clinical context” into all aspects of data acquisition, preparation and entry. Dr. Powel will address the utilization of qualitative techniques to improve intervention integrity. Technological advances have made various aspects of research conducted in electronic environments increasingly common. Such environments present opportunities and challenges. Dr. Dow presents methodological and technological tools addressing acquisition, security and integrity for electronically acquired and stored data. Dr. McNees describes a new statistical tool that removes “noise” from large multi-instrument data sets and may result in improved measurement sensitivity and analytical efficiency.

Discussion: Nursing research productivity may be influenced by the identification of tools and processes that allow us to move toward research as a sustainable enterprise. Such movement implies the identification of processes and tools that aid that movement. This symposium highlights some of those processes and tools.
THE EFFECT OF FEEDING EXPERIENCE ON CLINICAL OUTCOMES IN PRETERM INFANTS

Presenting Author: Rita H. Pickler PhD
Address: VCU School of Nursing Box 980567
Richmond, VA 23298-0567
USA
Ph: Fax: 804-828-7743
Email: rpickler@vcu.edu
Institution:

Author List: Rita Pickler
Rita Pickler

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-National Institute of Nursing Research, National Institutes of Health
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Objective: There are no definitive criteria to guide decisions about initiating and progressing oral feedings in preterm infants; this may contribute to poor clinical outcomes and altered development. There is increased evidence that preterm infants learn from their experiences, particularly those, like feeding, that occur frequently. The purpose of this study was to investigate the effect of oral feeding experience on clinical outcomes (time to full nipple feedings, weight gain, and length of hospitalization) in preterm infants.

Methods: A quasi-experimental design was used with a sample of infants selected from a larger study. There were 18 infants in the most experienced group, averaging 7 oral feedings per day for 2 weeks, and 18 infants in the least experienced group, averaging less than 2 oral feedings per day for 2 weeks. The groups were matched on birth weight, gestational age at birth, and morbidity. The study had IRB approval; parents gave informed written consent. A mixed-model, random effects analysis that accounted for the repeated measures nature of the data was used.

Results: Infants who had the most experience achieved full nipple feedings 16 days sooner (7 days vs. 23 days; F = 36.2, p < .0001) and were discharged to home 13 days sooner (38 days vs. 51 days; F = 8.59, p = .007) than infants in the least experienced group. There was no difference in weight gain over the 2 week study period.

Conclusion: The results are similar to other studies, suggesting that experience enhances the development of feeding competence and results in early hospital discharge. The results also suggest that frequent oral feeding experience does not have an adverse effect on weight gain. Provision of planned, feeding experience, an emerging intervention with the potential to change clinical practice and outcome, should be tested in clinical trials.
EFFECTS OF MATERNAL DEPRESSIVE SYMPTOMS AND GENDER ON THE INTERACTIONS BETWEEN MOTHERS AND THEIR MEDICALLY AT-RISK INFANTS

Presenting Author: June I. Cho PhD
Address: Carrington Hall, CB #7460
Chapel Hill, NC 27599-7460
USA
Ph: Fax: 919-966-7778
Email: jcho@email.unc.edu
Institution: School of Nursing, UNC-CH

Author List:
June Cho
June Cho
Diane Holditch-Davis

Financial Discloser:
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
This secondary analysis examined how maternal depressive symptoms and infant gender affect the interactions between mothers and their medically at-risk infants.

Participants were from three studies: 108 premature infants and their mothers, 67 medically fragile infants and their mothers, and 83 infants seropositive for HIV and their primary caregivers. Home visits for the prematures were made at 6 and 18 months corrected age, for medically fragile infants at 6 and 12 months corrected age, and for infants seropositive for HIV at 12, 18, and 24 months. After direct observation or videotaping of mother-infant interactions, the HOME Inventory and CES-D were completed. Factor analysis was employed to construct 6 interactive variables from 11 mother and infant behaviors and 3 HOME subscales.

Level of depressive symptoms did not differ between mothers of boys and girls in any group. Mothers of medically fragile infants showed more depressive symptoms than mothers of premature infants at 6 months and similar levels of depressive symptoms as HIV-positive mothers at 12 months. Mothers of medically fragile infants with elevated depressive symptoms (CES-D score > 16) were less attentive and more restrictive to their infants. HIV-positive mothers with elevated depressive symptoms were less attentive to their infants. Depressive symptoms did not affect the interactions of mothers and prematures. General linear mixed models showed that the effects of gender on interactions of mothers and medically at-risk infants were not moderated by depressive symptoms.

Thus, maternal depressive symptoms have a main effect, rather than a moderator effect (gender by depressive symptoms), on the interactions between mothers and their medically at-risk infants. The lower levels of depressive symptoms for the mothers of prematures probably occurred because these mothers did not have life-threatening illnesses and high levels of poverty like the HIV-positive mothers and their infants were healthier than the medically fragile infants.

Back to Top
PURPOSE: To develop and test an instrument to measure the professional nursing practice environment. The instrument is based on the American Association of Colleges of Nursing, Hallmarks of the Professional Nursing Practice Environment (PNPE), developed by a national panel of nursing experts.

RESEARCH QUESTION: To determine if the instrument is a reliable and valid measure to assess the PNPE in hospital settings.

SIGNIFICANCE: The nursing shortage has emerged as an international crisis and strategies to evaluate work environments are urgently needed.

METHODS: A descriptive survey design tested a self-report instrument. The sample consisted of 155 registered nurses employed in tertiary hospital. The hallmarks were organized into five concepts: 1) Promotes a philosophy of clinical care emphasizing quality, safety, continuity of care, and accountability; 2) Promotes executive level nursing leadership; 3) Empowers nurse’s participation in clinical and organizational decision-making; 4) Demonstrates professional development support; and, 5) Creates interdisciplinary collaborative relationships. Items were developed to measure each hallmark (subscale) and revised after expert consultation and review by practicing staff nurses for content validity. Four iterations were required to provide a content validity index of 100% for the instrument. Reliability analysis included internal consistency as well as inter-item, item to subscale, subscale to subscale, and subscale to total correlations. Construct validity was estimated with principal component confirmatory factor analysis for each subscale and the total scale.

FINDINGS: Internal consistency reliability for the total instrument was .95 with subscale reliabilities ranging from .84 to .93. Explained variance for the five subscales ranged from .62-.79 with factor loadings between .61-.93. The five subscales loaded on PNPE with lambdas of .74-.92 with 66% explained variance.

CONCLUSIONS: The instrument is a reliable and valid measure to assess the PNPE in hospital settings.

IMPLICATIONS: The instrument contributes to executives’ armamentarium to improve the work environment in their organizations.
Abstract ID: 244

Predictors of Relapse for Nurses Participating in a Peer Assistance Program

Presenting Author: Phyllis Hart Tipton PhD

Address: 2508 Charborneau
Waco, TX 76710
USA
Ph: Fax:
Email: ptipton@mclennan.edu
Institution: Hillcrest Baptist Medical Center

Author List: Phyllis Tipton

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
The study purpose was to investigate if certain variables predicted relapse of 158 peer assistance program (PAP) nurse participants with substance use disorder (SUD). The average age and years of nursing experience of the participants respectively, were 39.37 and 10.6 years.

A literature review and the study’s guiding framework, Brown’s Dynamic Model of Alcohol Recovery, guided predictor variables selection. Using a data collection worksheet designed and validated by the principal investigator, data were collected from past PAP participant files. The intrarater reliability estimate was .9973.

Using logistic regression, 14 selected variables were entered as independent variables (IVs) with relapse status as the dependent variable. Crude odds analysis identified 7 variables predictive of relapse at p < .05 (i.e., SUD treatment type, no PAP advocate early in recovery, psychiatric co-morbidities, stressors, job termination, substance of choice, and non-compliance with self-help group attendance). Binary logistic regression using the forward method resulted in a model containing only three IVs that significantly identified relapse (i.e., non-compliance with self-help group attendance, job termination, and no PAP advocate early in recovery). The importance of these three IVs was supported by (a) a good model fit indicated by a -2 Log Likelihood of 78.145, (b) an explanation of over 40% of the variance of relapse, (c) chi-square results indicated that the three predictor model was statistically reliable in distinguishing between relapse and non-relapse status, and (d) 82.3% of all the cases correctly classified.

Major study conclusions indicated that (a) relapse is better predicted by a collection of variables rather than a single variable and (b) support and job termination are relapse predictors of the SUD nurse. The expanded understanding of relapse predictors could lead to the development of a relapse checklist for use by treatment providers, PAP case managers, and others working with SUD nurses.

Back to Top
Experiences of Discrimination in Health Care Settings

Presenting Author: Noreen Esposito Ed.D.
Address: 2031 Foxwood Farm Trail
Chapel Hill, NC 27516
USA
Ph: Fax:
Email: nesposit@email.unc.edu
Institution: University of North Carolina at Chapel Hill

Author List:
Noreen Esposito

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Racial health disparities are reported across a wide range of medical, mental and reproductive health problems and interpersonal discrimination has been linked to those disparities. The purpose of this descriptive, focus group study was to explore health care related racial discrimination experiences among poor African American women in rural and urban communities in North Carolina. Aims were to describe experiences of and responses to discrimination. Sixty women recruited from urban and rural communities across the state attended one of six focus groups. The participants, ages 18-88 years, completed 2-14 years of education and 70% had incomes less than $8,000/year. After IRB approval, semi-structured interviews elicited group discussions that were audiotaped, transcribed and entered into a qualitative analysis software program. Broad brush reading followed by line-by-line coding resulted in the identification of categories and themes. Comparisons were made across groups. Findings: Consistent with other geographic areas, African American women in North Carolina experience discrimination based on race, class, disability, and socio-economic status some, but not all of the time. Racial discrimination occurred during encounters with all types of health care providers and when women sought access to services. Racial discrimination was inextricably linked and/or exacerbated by social class, specifically, when individuals produced a Medicaid card or could not produce an insurance card. Women responded to discrimination by changing providers, confrontation or acquiescence. Changing providers was less of an option for women in the rural settings where public transportation was unavailable and physician numbers were low. Women noted that the quality of health care varied by community. They linked equitable treatment with inclusionary or exclusionary philosophies of individual counties and their agencies. Policy changes to blind reception staff to insurance status and public marketing of patient rights may increase access for individuals at risk of discrimination.
Adequacy of Symptom Management in the Hemodialysis Population

Presenting Author: Anita M. Jablonski PhD, RN
Address: 901 12th Avenue; P.O. Box 222000
Seattle, Washington 98122-1090
United States
Ph: Fax: 206.296.5544
Email: jablonsk@seattleu.edu
Institution: Seattle University

Author List:
Anita Jablonski

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Background/Significance: Patients with end-stage renal disease (ESRD) on hemodialysis suffer from a variety of symptoms as a result of their primary disease and its treatment as well as comorbid conditions. Clinical observations suggest that patients' symptoms often go unrelieved, negatively influencing quality of life (QOL). Although researchers have investigated symptoms associated with ESRD and hemodialysis, the level of relief patients obtain from them has not been documented.

Purpose: The purpose of this investigation was to expand current understanding of symptom experiences of hemodialysis patients to include: 1) a description of symptoms, 2) the level of relief obtained, and 3) patients' satisfaction with symptom relief. An underlying assumption was that there is a need for improved symptom management in this patient population.

Methods: A sample of 130 hemodialysis patients, ages 22-88 years, were interviewed during dialysis. Patients completed a physical symptom assessment tool, a corresponding symptom relief measure, and the Quality of Life Index-Dialysis Version (Ferrans & Powers, 1985).

Findings: Patients reported a mean of 5.67 symptoms. The highest symptom scores and lowest relief scores were calculated for a cluster of symptoms including muscle weakness, tiredness, and problems sleeping. Symptom relief scores ranged from 5.55-19.60. Possible scores ranged from 0-30, with higher scores indicative of greater symptom relief. Regression analysis revealed that higher symptom scores and lower relief scores were significant predictors of diminished QOL.

Discussion: These findings suggest that HD patients live with unrelieved symptoms that detract from their QOL. Yet, hemodialysis patients rarely benefit from palliative care services that focus on symptom management. Their inability to access these services occurs for a number of reasons, reimbursement regulations primary among them. This research is offered as a plea to healthcare providers, government officials, and private insurers to support efforts to improve ability of hemodialysis patients to access palliative care services.
Abstract ID: 148

Coping and Health-related Quality of Life in Renal Transplant Patients

Presenting Author: Hongxia Liu PhD
Address: 6501 Harding Pike, K46
Nashville, 37205
USA
Ph: Fax:
Email: hongxia.liu@vanderbilt.edu
Institution:

Author List:
Larry Lancaster
Irene Feurer

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose. The purpose of this study was to investigate the relationships among transplant-related clinical factors, cognitive appraisal of health, perceived self-efficacy, perceived social support, coping, and health-related quality of life (HRQOL) in renal transplant patients using a theoretically derived model.
Method. Using a descriptive cross-sectional design, a convenience sample of 160 participants following renal transplantation was recruited from an outpatient transplant clinic. Standardized instruments were used to measure the key constructs.
Results. Path analysis demonstrated that perceived self-efficacy had a significant direct effect on negative primary appraisal of health and physical HRQOL, and had both direct and indirect effects through primary appraisal on disengagement coping. Perceived social support had significant direct effects on negative primary appraisal of health and engagement coping, and an indirect effect on disengagement coping through negative primary appraisal. History of transplant related hospitalizations and medication side effects had significant direct effects on primary cognitive appraisal of health. Medication side effects had a direct effect on mental HRQOL. Results also indicated that negative primary appraisal of health had a significant direct effect on disengagement coping, physical and mental HRQOL. The findings suggested that engagement coping had a significant direct effect on physical HRQOL, while disengagement coping had a significant direct effect on mental HRQOL.
Multivariate analysis of variance indicated that participants reporting more symptoms (>17) appraised their health more negatively, used more disengagement coping, had lower degrees of perceived self-efficacy, physical and mental HRQOL than those with fewer symptoms (&#8804;17). Participants less than one year post-transplant used more engagement coping, reported higher degrees of perceived self-efficacy and perceived social support than participants 1-3 years post-transplant.
Conclusion. HRQOL of renal transplant patients is the outcome of a complex interplay between clinical factors, personal and social resources, cognitive appraisal of health, and coping strategies.

Back to Top
Abstract: The purpose of this study is to describe individual characteristics, biomarkers, and costs of rehospitalization for patients with Chronic Obstructive Pulmonary Disease (COPD) following discharge from one urban hospital (1/1/04 to 12/31/04). Question: Which patient characteristics, biomarkers, and cost data can be identified on usual hospital records for COPD patients? Significance: COPD is the 3rd highest cause of death of elders, is 2nd only to arthritis in disability costs. Past research: 1/3 of COPD patients were readmitted within one month following discharge. Sample: 44 females/41 males; mean age 66.4 years (range: 55 to 90); 69.4% Caucasian; 29.4% African-American; 27% married. Findings: 35 patients accounted for 87 readmissions + 84 emergent care visits; 72% lived alone. LOS mean: 4.56 days (SD=3.87; range 1-20) for initial admissions and ~3-5 days for majority of readmissions. 4th rehospitalization was longer with mean of 9.5 days (SD=18) for 24 patients. Mean cost of initial (n=85) admission was $6113 (range $1,033 - $29,579); with all re-admissions (n=87) total cost >$1.7 Million over 1272 hospital days. Route of admission was ER for 83% (n=143) of hospitalizations. Following admission, 80% were discharged to home. Average LOS at home between readmissions ranged from 15 days for the 10th and 11th rehospitalizations to 119 days between the 6th and 7th rehospitalization with an overall mean time at home of 46.7 days. On initial readmission, 29.4% (n=25) were identified as having abnormal blood glucose levels. Discussion: There are identifiable characteristics (living alone, older, previous readmissions) and at least one abnormal biomarker (hyperglycemia) on records of patients with COPD who are readmitted; 41% accounted for all readmissions; identification of patients at risk for readmission could decrease costs. Nursing interventions (e.g., in-home surveillance, blood-glucose management) have potential to support patients to prevent/delay readmission. Costs for hospital care are known but cost-effectiveness of out-of-hospital care needs further study for the COPD population.
Comparison of definitions of ventilator associated pneumonia

Presenting Author: Mary Jo Grap PhD  
Address: School of Nursing, PO Box 980567 Virginia Commonwealth University  
Richmond, Virginia 23298-0567  
USA  
Ph: Fax: 804.828.7743  
Email: mjgrap@vcu.edu

Author List: 
Mary Jo Grap

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:  
-National Institute of Nursing Research

FDA Disclosure:  
Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: To compare definitions of ventilator associated pneumonia (VAP). Research Question: What is the frequency of agreement among VAP definitions? Significance: VAP is pneumonia in a mechanically ventilated patient that was neither present nor developing at the time of intubation. Although the gold standard for VAP diagnosis is histologic findings of infection at open lung biopsy, this invasive procedure is rarely used. Instead, researchers have used VAP clinical definitions including those developed by the CDC, the American College of Chest Physicians (ACCP) and the Clinical Pulmonary Infection Score (CPIS). While the CDC and ACCP definitions are dichotomous (VAP - yes or no), the CPIS ranges from 0-12, based on six clinical parameters. However, extensive comparison of these definitions has not been reported. Methods: Presence of VAP was documented, using all three definitions, for 110 subjects as part of a larger clinical trial related to VAP reduction. Presence of VAP was documented within 24 hours of intubation and again in three, five and seven days after intubation resulting in 244 comparisons of three VAP definitions (CDC, ACCP, CPIS). Results: The subjects were primarily male (62%), African-American (60%) with mean age 48. Subjects were from the surgical-trauma ICU (42%), medical-respiratory ICU (33%) and neuroscience ICU (25%). When all three VAP definitions were compared, there was total agreement across all three definitions for 32 (13%) VAP assessments. The ACCP definition identified VAP 30% of the time, the CPIS 36%, and the CDC definition 50% of the time. When compared to the most widely used epidemiologic definition of VAP (CDC), ACCP agreed 24% of the time, while the CPIS agreed 23% of the time. Conclusions: The most frequently used VAP definitions do not have a high level of agreement. The incidence of VAP may be over or under estimated based on the definition used.
Ethnic Differences in Patterns of Family Caregiving to Elders with Chronic Illness

Presenting Author: Marie-Luise Friedemann PhD, RN
Address: 14700 Dade Pine Ave.
Miami Lakes, 33013
USA
Ph: Fax: 
Email: friedemm@fiu.edu
Institution: Florida International University

Author List:
Marie-Luise Friedemann
Marie-Luise Friedemann

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
This descriptive study explored family arrangements, and informal and formal resource use in the care of chronically ill Miami-Dade elders, and compared 221 caregivers in four cultural groups: 107 U.S.-born, 58 Cuban, 34 other Hispanic, 22 non-Hispanic Caribbean. Research questions involved the description of demographic, health and family factors, task assignments to family members, and values of obligation and religion; and the comparison of the cultural groups. This survey was significant since little is known about the needs of ethnic caregivers. In-home interviews provided the data. Home health agencies recruited participants, using random procedures. To enhance minority recruitment, key persons in targeted community organizations served as liaison. The interviews included standardized instruments such as the Montgomery ADL, Obligation, and Burden tools, Moos Family Environment Scale, Reed Religiosity Scale, as well as pre-tested survey questions. Analysis entailed descriptive statistics and ANOVA to explore group differences. Caregivers were 25 to 92 years old, mostly married and reasonably healthy; 64% were female; 34% cared for spouses, 51% for parents, 18% for other relatives. The patients suffered from various physical conditions and/or dementia. ADL was highly related to need for services. Of all groups, U.S. born caregivers worked significantly fewer hours, had higher incomes, and reported most burden. Cubans had the most cohesive and well-organized families, worked most hours, and reported the least need for formal services. Other Hispanic caregivers comprised most adult children and fewest husbands; they had the lowest income, were most religious and had the most people in the household. Caribbean caregivers expressed the greatest need for services and used adult day care most often; more persons were involved in the care then in other groups, particularly extended family and friends. Results suggest that ethnic groups have needs and preferences for different services and use them if they are culture congruent.
The Experiences of Hispanic Family Caregivers following Spinal Cord Injury

Presenting Author: Kathleen T. Lucke PhD
Address: 5606 Kingsfield Ct
League City, TX 77573
USA
Ph: Fax: 409-772-4900
Email: ktlucke@utmb.edu
Institution: UTMB School of Nursing

Author List:
Kathleen Lucke
Kathleen Lucke

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
Grants/Research Support:
- STTI Delta Alpha Chapter

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Fifty percent of new spinal cord injuries (SCI) in South Texas occur in the Hispanic population, yet little is known about the impact on Hispanic family caregivers. Grounded theory was used to explore the experiences of Hispanic family caregivers of persons with a new SCI. Purposive sampling yielded nine family caregivers from whom informed consent was obtained. Participants included two English speaking and seven Spanish speaking family caregivers who were interviewed within two years after the injury; five caregivers were wives, three were mothers and one was the father of a son.

‘Resolving to go forward’ was the core category that emerged from two simultaneous processes of ‘learning to care for’ and ‘getting through’ during the early months as the primary family caregiver. Despite feeling alone upon returning home and often without adequate resources, family members were determined to do the best they could to care for their loved one, often placing their own health at risk. Getting through their new role as caregiver involved learning to deal with the emotional and psychological issues arising from the adjustment to SCI by their family member and for themselves. Inpatient health care professionals provided in-depth teaching and training in preparation for their role as family caregiver. However, necessary equipment, home modifications, and outpatient therapy often could not be obtained once the family returned home. Language and economic factors were major barriers to linking with appropriate services and accessing health care resources.

Research and practice implications for rehabilitation and home care interdisciplinary teams are discussed. Policy implications of preventing health sequelae for family caregivers and costly complications for persons with SCI are presented.
Linking Dichotomous Concepts: Experiences of Employed Family Caregivers

Presenting Author: Charles A Walker PhD, RN
Address: Box 298620 Nursing Programs, HCNHS, TCU
Fort Worth, TX 76248
USA
Ph: Fax: 817-257-7944
Email: c.walker@tcu.edu
Institution: 

Author List:
Charles Walker
Linda Curry

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Purpose: To test a deductive model linking the concepts of chronic illness and informal, family caregiving. Method: Eight caregivers participated in a workplace support group. Narrative data were transcribed; transcripts from support group meetings were content analyzed. Confirmatory content analysis was used to validate the theoretical model’s fit to life experiences shared by family caregivers of older adults. Findings: Transcripts were read and reread for overall meaning; themes provided units for analysis. Themes were sorted by respondent (N = 8), and only themes evident in the narratives of at least four respondents (50%) were further sorted into conceptual categories. Themes were sorted independently by two investigators with 88% agreement. Independent analyses confirmed concepts related to chronic illness, including habitual grief, fear of losing control, self redefined as sick, coping with the costs of illness (emotional, financial and social losses). Concepts related to informal, family caregiving were also confirmed; these included tolerant understanding of the care recipient, fear of hurting the ill person, anger translated into guilt, and feeling vulnerable to the process (can’t cure, can’t do enough, can’t halt progression of illness). Discussion: Formerly deduced and synthesized from disparate, but overlapping literature about chronic illness and family caregivers, the model’s theoretical content was validated in this study. Processes linking dichotomous concepts were illuminated. Dialectical tension was seen in such process themes as accepting an inevitable and difficult situation, offering self-as-sacrifice, discovering potential for personal growth, becoming a skilled provider, adjusting to new expectations, giving up, and letting go. Caring for chronically ill older adults provided self-renewal. Intimate interaction with care recipients clarified false assumptions and healed wounded relationships. Caregivers of older adults handled crises in creative ways while accepting the reality of their own aging. They became more comfortable with themselves and viewed their care recipient’s situation with compassionate objectivity.
INSIGHT for Black Female Caregivers of Persons with ESRD

Abstract:  
Problem: End stage renal disease (ESRD) is a disabling condition that unduly affects black families, particularly the one in three black female caregivers in our preliminary research who reported significant depressive symptoms. Persons with mild to moderate depressive symptoms experience significant dysfunction reflecting the level observed in clinically depressed individuals. The primary aim of this NINR-funded study is to determine if this cognitive behavioral therapist-facilitated group intervention (INSIGHT) improves depressive symptoms (depressive symptom, hopelessness, anxiety, and self-esteem scores) for black female caregivers of patients receiving chronic hemodialysis. The secondary aim is to determine if improvements are associated with enhanced functioning, an outcome that has not been examined in prior tests of the intervention. 

Design: We will conduct a 3-year randomized phase II placebo-control, clinical trial to test the efficacy of this 12-week 2-hour per week intervention in 36 black female caregivers who have at least mild depressive symptoms on screening. To mimic the attention given to the experimental group, the control group (n=36) will receive a nurse-facilitated 12-week 2-hour per week group educational program. Participants will complete the Center Epidemiologic Depression Scale, Beck-II Depression Inventory, Beck Anxiety Inventory, Spielberger’s State Trait Anxiety Inventory, Beck Hopelessness Scale, Rosenberg’s Self-esteem Scale, and SF-12 Health Survey at baseline, completion of the treatment, and 3-months post intervention.

Findings: We will describe sample characteristics, baseline and follow-up results for experimental and control group participants, and symptom and functioning levels before and after the interventions to assess between group differences. Implications: This study tests an established intervention that is associated with significant symptom improvement in white women and modified for and clinically used to treat black women, but not empirically tested in this population. Identifying interventions that improve caregiver mental health status is essential to reduce health disparities in this understudied at-risk population.
Abstract ID: 155

Symposium Stevens: OVERVIEW OF CORE COMPETENCIES IN EVIDENCE-BASED PRACTICE

Presenting Author: Kathleen R Stevens RN, EdD, FAAN
Address: 7703 Floyd Curl Drive MC 7949
San Antonio, TX 78229-3900
USA
Ph: Fax: 210.567.5822
Email: stevensk@uthscsa.edu
Institution:

Author List:
Kathleen Stevens
Kathleen Stevens

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
A sweeping healthcare initiative has catalyzed one of this decade’s greatest reforms to assure safety and quality of healthcare. Through reports of errors (IOM, 2000), recommended principles of redesign (IOM, 2001), mandates for adequate preparation of healthcare providers (IOM, 2003), and identification of priority health conditions (IOM, 2003), national leaders have set in motion sweeping changes relevant to all health professions—one that calls for crossing the quality chasm between what we know to be best healthcare and what is actually provided.

Each of the trend-setting IOM reports identifies evidence-based practice (EBP) as crucial in closing the quality chasm. A clear expectation emerges for health professionals to change practice and education so that EBP is employed to improve patient outcomes.

Critical on the healthcare team, nurses are major players in the healthcare reformation that has been set into motion. Nurses are rising to meet the challenges to translate research results into evidence-based clinical care. We are called upon to provide evidence-based, patient-centered, and systems-oriented care (IOM, 2001) which, in turn requires new competencies and necessitates curriculum revision across all levels in nursing education. This national shift to higher accountability for science-based care has created an attendant need for a healthcare workforce prepared to employ evidence-based practice.

In response to this national movement, nurse scientists developed the ACE Star Model of Knowledge Transformation (Stevens, 2004), established national consensus on competencies for EBP in nursing (Stevens, 2005), and are moving EBP into education and practice.

This symposium describes research undertaken to identify and advance core competencies in evidence-based practice (EBP) throughout nursing. Presentations include discussion of findings of systematic approaches to 1) establish national consensus on core competencies for EBP in nursing; 2) teach EBP; and 3) develop adequate measures of EBP readiness.

Back to Top
Abstract ID: 345

Symposium Stevens: NATIONAL CONSENSUS ON ESSENTIAL EBP COMPETENCIES FOR NURSING

Presenting Author: Kathleen R Stevens RN, EdD, FAAN
Address: 7703 Floyd Curl Drive MC 7949
San Antonio, TX 78229-3900
USA
Ph: Fax: 210.567.5822
Email: stevensk@uthscsa.edu
Institution: University of Texas Health Science Center

Author List:
Kathleen Stevens
Kathleen Stevens

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
PURPOSE: This 3-year project established national consensus on essential competencies for evidence-based practice (EBP) to serve as a basis for clinical practice and guide inclusion of EBP in nursing education programs.

SIGNIFICANCE: Sharp expectations for evidence-based quality improvement have generated the need for new professional competencies. These new workforce expectations necessitate curriculum revision so that students acquire EBP skills through their education. Until recently, no consensus on EBP competencies in nursing has been articulated to steer curriculum revision.

METHODS: Multiple approaches were used to establish consensus, including: survey of nurses, content analysis and generation of competency statements; indexing statements to national recommendations (e.g., IOM, 2003); and establishment of national consensus.

A national panel of EBP experts specified structure for competency development: Socio-political impetus for defining competencies; trends in healthcare quality; general and discipline-specific EBP competency recommendations; work to date in nursing; and the ACE Star Model (Stevens, 2004). Following a face-to-face meeting, the panel responded to a written survey that elicited agreement a number of aspects of each statement. Competency statements were revised according to panel responses, establishing a minimum level of at least 90% agreement.

FINDINGS: Resulting EBP competency statements were classified across three levels of nursing education and organized into five stages of knowledge transformation (Stevens, 2004). Competency statements for each level of education program are as follows:
Undergraduate, 20 statements; Masters, 32; and Doctoral, 31.

DISCUSSION: These statements were developed at a detailed level to specifically guide curriculum revisions during this time of fairly wide variation in understanding of EBP. The statements provide a common understanding of the specific competencies necessary in employing EBP, thereby guiding curriculum revision. The EBP Competencies are also being used as a basis for clinical performance competencies.

Back to Top
PURPOSE: To develop an online version of the ACE Evidence-Based Practice Readiness Inventory (ACE-ERI) and estimate the psychometric properties (reliability and validity) and utility. Because of the ground breaking nature of this study, a secondary purpose is to explore correlations of EBP readiness with select factors in undergraduate and graduate nursing students and examine the instrument’s accuracy in classifying beginning and advanced skills.

SIGNIFICANCE. With evidence-based practice (EBP) being new in healthcare, there is an attendant need for valid and reliable methods with which to assess individual learner readiness to employ EBP; however, such measurement is still in its infancy. Instruments developed in the previous, outdated paradigm of research utilization are often used inexactly in attempts to measure EBP readiness. A valid and reliable instrument would have multiple uses in both education and practice. Beyond initial work accomplished in this project, successive projects will adapt the scale for use by current workforce members (faculty and clinicians) for self-assessment and subsequent selection of self-improvement professional development activities.

METHODS: Following our paper-based pilot, we developed the ACE Online EBP Readiness Inventory using SurveyMonkey web survey services. In Fall 2006, we will gather data and estimate scale reliability and validity from 100 undergraduate and 100 masters students. We will examine internal consistency (reliability) with Cronbach’s alpha; construct validity will be examined using a confirmatory factor analysis compared to the Star Model; classification power will be estimated with discriminant function analysis.

FINDINGS: The paper-based pilot indicated that students are able to complete the ACE-ERI in less than 20 minutes.

DISCUSSION: A valid, reliable assessment method would be valuable in practice and education. Because ACE-ERI was developed on EBP platforms: (ACE Star Model of Knowledge Transformation, Stevens, 2004; and national consensus on Essential Competencies for EBP in Nursing, Stevens, 2005) face validity is strong.
Abstract ID: 352

Symposium Stevens: USING NATIONAL RECOMMENDATIONS TO TEACH EBP IN AN UNDERGRADUATE COURSE

Presenting Author: Mary L Heye RN, PhD
Address: 7703 Floyd Curl Drive MC 7949
San Antonio, TX 78229-3900
USA
Ph: Fax: 210.567.5822
Email: heye@uthscsa.edu
Institution: University of Texas Health Science Center

Author List:
Mary Heye
Mary Heye

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
PURPOSE: To evaluate a new strategy to integrate EBP concepts into undergraduate research courses.

SIGNIFICANCE: There are few tested teaching strategies available to integrate EBP into curricula. Contemporary healthcare calls for nurses who are able to critique existing practices and propose evidence-based changes to improve patient outcomes; such competencies are reflected in national consensus (Stevens, 2005). National and state mandates and oversight programs (e.g., IOM, 2003; ANCC, 2005; TNA, 2004) specify that evidence-based practice (EBP) is an expectation in the nursing workforce, thereby necessitating basic preparation in EBP. Effective teaching strategies that utilize key resources and frameworks to integrate EBP into education would assure that the future workforce is prepared for challenges of evidence-based quality improvement.

METHODS: We used major mandates and consensus as the basis for designing a new strategy, the EBP Project. The strategy integrated Priority Areas (IOM, 2003), Cochrane Library, ACE Star Model and Essential Competencies, and practice change into group projects. Students compared rated evidence with actual practice, identifying quality gaps and recommending practice change. The capstone experience was a group poster presentation. Criteria for the EBP Project reflect essential EBP competencies for undergraduate nursing students. Over 70 students participated in the project, providing structured and unstructured evaluations.

FINDINGS: Using the ACE Star Model (Stevens, 2004), Essential Competencies in EBP (Stevens, 2005), and key national documents (e.g., IOM, 2001), the EBP Project was evaluated to be successful. Students addressed 12 of the 20 Priority Areas (IOM, 2003).

Discussion: Students developed an appreciation for newly-available EBP databases and the contribution of nursing and multidisciplinary research to quality patient care. Faculty determined that students were able to apply EBP concepts to IOM clinical topic exemplars and compare IOM recommendations to practice.
Recruiting and Retaining Homeless Adolescents for a Street-Based intervention

Presenting Author: Patricia H Solum MSN
Address: School of Nursing 1700 Red River
Austin, Texas 78701
USA
Ph: Fax: 512-471-3688
Email: ellerew@mail.utexas.edu
Institution: The University of Texas at Austin

Author List:
Patricia Solum
Lynn Rew

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Problem: Few street-based interventions to promote health have been tested with homeless adolescents, owing to problems in recruitment and retention.
Purpose: To describe the challenges and strategies used in recruiting and retaining members of this transient population for a street-based, sexual health promotion intervention.
Method: A sample of 312 English-speaking youth, aged 16-23 years who sought social services from a street outreach program was recruited. Half comprised a comparison group and half participated in a gender-specific, street-based intervention to promote sexual health (8 sessions). Each participant completed one pre- and two post-intervention surveys on laptop computers.
Findings and Discussion: To establish trust with potential research participants and street outreach personnel, the investigator initially volunteered at the project site. Following feasibility studies and intervention design, flyers were posted with contact information for interested youth and research team members were oriented to the project site. Project staff, who were not part of the research team, informed potential participants about the study and directed them to research team members for enrollment. Throughout the study, reminders and incentives were used to maintain trust and keep youth involved for 8 weeks. After the first survey, participants in the comparison group “checked-in” with research team members via a laptop computer and received $5 and a reminder to check back weekly until the second and third surveys were completed. Participants in the intervention group, which met 3 times each week, received incentives (new socks, hair brush, small flashlight) to encourage attendance. Following the intervention, they also received $5 for weekly check-ins until completing the final survey at which time they received $10 and a snack.
Conclusion: Strategies of multiple verbal reminders from consistent research team members plus tangible incentives were successful in recruiting and retaining members of this vulnerable population in a health-promoting intervention.
LONGITUDINAL RETENTION STRATEGIES FOR WEIGHT RESEARCH DURING POSTPARTUM: THE AUSTIN NEW MOTHERS EXPERIENCE

Presenting Author: Bobby Sue Sterling PhD, MSN, RN
Address: School of Nursing 1700 Red River
       Austin, Texas 78701
       USA
       Ph: Fax: 512-471-3688
       Email: bsterling@mail.nur.utexas.edu
       Institution: The University of Texas at Austin

Author List:
Bobby Sterling
Bobby Sterling
Lorraine Walker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Maternal role changes during postpartum may adversely influence research participant retention during this critical period. Postpartum women, especially those with limited finances, may be reluctant to continue in a longitudinal study; and weight research adds another dimension that requires consideration when designing strategies. The PURPOSE of this report is to compare the effectiveness of initial retention strategies with rates following identification of attrition and implementation of an intensified approach.

METHODS: The Austin New Mothers Study (ANMS), a NIH funded study of weight changes following childbirth, surveyed 560 ethnically diverse, low-income women who were healthy with no pregnancy complications, over 18, and delivered a term infant at a facility in Texas from 1999-2004. Anthropometric and psychosocial measurements were completed at 1-2 days post delivery, 6 weeks, and 3, 6, and 12 months. Initial strategies included multiple contact numbers; financial incentives, and reminder calls.

At enrollment mid-point, we identified differential retention rates of 50% for Anglo, 39.2% for African American, and 32.8% for Hispanic women. Following consultation, we implemented strategies that included (1) significantly increased communication with participants before and after appointments; (2) increased financial incentives; (3) cultural diversity in the research team with additional sensitivity training; (4) scheduling flexibility; and (5) increased personal recognition of participants.

RESULTS: Implementation resulted in a retention change from 39% in the first half to 54.1% in the second half. This increase was attributable to greater retention of ethnic minority women with 50% of African American and 56.3% of Hispanic women following implementation of enhanced strategies. Retention of Anglo women was 47.1% in the second half.

DISCUSSION: These enhanced strategies required the equivalent of an added full-time position and reallocation of funds directed for incentives. However, benefits from increased retention warrant inclusion of intensive strategies from the beginning of data collection in all longitudinal research.

Back to Top
Recruiting Ethnic Minority Cancer Patients for Internet Research

Presenting Author: Enrique Guevara MSN
Address: School of Nursing 1700 Red River
Austin, Texas 78701
USA
Ph: Fax: 512-471-3688
Email: eim@mail.nur.utexas.edu
Institution: The University of Texas at Austin

Author List: Eun-Ok Im

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: The recruitment of ethnic minorities into Internet research can be more complicated and difficult than in traditional research because of inherent characteristics of the Internet interactions. The purpose of this presentation is to analyze issues in recruitment of ethnic minority cancer patients into an Internet survey study.
Method: For 3.5 years, 466 cancer patients from four major ethnic groups (103 Hispanics, 150 Whites, 93 African Americans, and 120 Asians) have been recruited through: (1) general and ethnic specific Internet cancer support groups; (2) ethnic-specific Internet communities/groups; (3) ethnic-specific physician clinics and community and culture center; and (4) ethnically matched community consultants. During the recruitment process, research team met once a week and discussed issues related to recruitment, and wrote memos on the recruitment issues. At the completion of the recruitment, the records of the group discussion and the written memos were analyzed using content analysis.
Findings and Discussion: The recruitment through general and ethnic specific Internet cancer support groups and ethnic-specific Internet communities/groups did not work well for ethnic minority cancer patients due to language barriers, difficulties in access to computer/Internet, and lack of computer skills. The recruitment through ethnic-specific community and cultural centers also did not work because most people who could be accessed through these settings were not cancer patients. However, recruitment through community consultants who were key persons of ethnic-specific cancer communities worked very well for African American and Asian cancer patients since they could be directly reached and were encouraged to participate by the persons whom they could trust. Among Hispanic cancer patients, the face-to-face recruitment through local clinics worked best.
Conclusion: The findings strongly suggest that, as in traditional research, unique cultural values and attitudes of each ethnic group need to be considered in the recruitment of ethnic minorities into Internet research.
Abstract ID: 306

Recruiting and Retaining Persons With Disabilities for Intervention Research

Presenting Author: Heather Becker PhD
Address: School of Nursing 1700 Red River
Austin, Texas 78701
USA
Ph: Fax: 512-475-8755
Email: hbecker@mial.nur.utexas.edu
Institution: The University of Texas at Austin

Author List:
Alexa Stuifbergen
Heather Becker

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
Purpose: The successful recruitment and retention of persons with disabilities into research requires special consideration of the barriers this population experiences. The purpose of this presentation is to describe strategies that have been implemented to successfully recruit and retain this population in both survey and intervention research.

Method: During the last 18 years we have conducted 8 federally funded studies (cross-sectional surveys, longitudinal surveys, and intervention studies) related to health promotion and quality of life among persons with disabilities. Samples have included persons with multiple sclerosis (MS), polio survivors, clients of independent living centers, women with fibromyalgia and women with mobility impairments. We have successfully recruited more than 3,500 participants by working through community groups who represent persons with disabilities, including persons with disabilities as members of the team thus incorporating the voice and priorities of persons with disabilities, addressing barriers (transportation, fatigue, impairments) through special accommodations and consistent use of person-first language in all study communications. Additional retention strategies include giving back to participant communities through presentations and newsletters, prompt personal responses to specific questions/requests for information from participants and use of consistent study logos.

Findings: During these studies more than 85% of the eligible participants who received information about the studies chose to participate. Retention in the three intervention studies (some lasting as long as 8 months) ranged from 76% to 95%. During the 10-year longitudinal study more than 85% of the eligible participants have responded to each annual survey. When asked, more than 96% of study participants have indicated that they would be interested in participating in future studies.

Conclusion: The findings strongly suggest that specific, targeted recruitment and retention efforts are effective. It is essential that investigators allow for time and effort to support these efforts in their project budgets and timelines.

Back to Top
Recruitment and Retention of Underserved Populations In

Presenting Author:  Graham Joseph McDougall, Jr PhD,APRN-BC, FAAN  
Address: School of Nursing 1700 Red River  
             Austin, Texas 78701  
             USA  
             Ph: Fax: 512-471-3688  
             Email: gmcdougall@mail.nur.utexas.edu  
             Institution: The University of Texas at Austin

Author List:  
              Graham McDougall, Jr

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Minority Health

Abstract:  
This symposium reports multiple strategies that were utilized to recruit and retain underserved populations. During this symposium you will learn how these strategies were implemented with four groups of research participants: Homeless adolescents, minority cancer patients, persons with disabilities, and postpartum women. All investigators are affiliated with the Center for Health Promotion and Disease Prevention Research (CHPR) for Underserved Populations (P30) at The University of Texas at Austin, an NIH NINR-funded Core Center Grant. The mission of CHPR is to build research capacity by emphasizing community-based, culturally competent health promotion and disease prevention research in underserved populations.

Back to Top
Spiritual and Psychosocial Needs of Antepartal Women on Bedrest

Presenting Author: Marilyn Cooper Handley PhD
Address: Box 870358
Tuscaloosa, Alabama 35487-0358
USA
Ph: Fax: 205 348-5559
Email: mhandley@bama.ua.edu
Institution: Capstone College of Nursing, Univ of Alabama

Author List: Marilyn Handley

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Bed rest is prescribed by 92% of obstetricians for women experiencing complications in pregnancy. Despite documented adverse physical and psychosocial effects, no publications were found on the spiritual effects of antepartal bed rest. Knowledge is needed to plan intervention studies addressing spiritual and psychosocial needs in pregnancy.

This research investigated spiritual well-being (SWB), anxiety and depression with groups of non-pregnant women, women in a normal pregnancy; and high-risk pregnant women on bed rest. Research questions asked the relationship within and between groups and studies the association between emotional states and demographic variables.

This descriptive correlational study involved 180 women Group 1 included 60 non-pregnant women with no known disease, Group 2 included 60 women in a normal pregnancy and Group 3 included 60 women in high-risk pregnancies on bed rest for at least one week. Instruments included a demographic data form, and two Likert-type scales, the SWB Scale, and an Abbreviated Psychosocial Scale. Data analyzes utilized SAS (13) to obtain descriptive and correlational statistics.

Significant differences were found between and among groups. All groups (N=180) demonstrated significant, inverse relationships between SWB, anxiety and depression. Group 1 had lower SWB scores and higher anxiety and depression scores than the healthy pregnant group. G 2 scored highest in SWB and lowest in anxiety and depression scores than any group. More women in group 2 were Caucasian, college educated, married, and reported the highest income level. Group 3 scored lowest on SWB. Their anxiety and depression scores were significantly higher than the other groups. These women were more likely to be single, less educated, have lower income levels and African-American than group 2.

It is important for nurses to screen pregnant women to evaluate their emotional health. Interventions to improve a woman’s SWB may help reduce anxiety and depression and impact pregnancy outcomes.

Back to Top
Abstract ID: 354

Preterm Maternal Distress Model

Presenting Author: Margaret S. Miles RN, PhD
Address: 263 Carolina Meadows Villa
Chapel Hill, NC 27517-8527
USA
Ph: Fax: 919 966 2286
Email: mmiles@email.unc.edu
Institution: The University of North Carolina at Chapel Hill

Author List: Margaret Miles

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: In the 1960s, Caplan hypothesized that the birth of a preterm infant constituted an emotional crisis for parents. This observation led to over 40 years of research. However, most studies are descriptive and there are no consistent conceptual models guiding this research. This presentation describes the Maternal Preterm Distress Model as a potential model to guide future research. Design. The model was originally adapted from stress and coping models and revised using an ecological, developmental, systems perspective. Further, findings from over two decades of our research as well as research of others were used to empirically support concepts in the model. Findings. We hypothesize mothers experience intense emotional distress (i.e., depressive symptoms) associated with birth of a prematurely born infant. Distress is influenced by severity of the infant’s health, illness-related stress, and the quality of the parent-staff relationships. Severity encompasses characteristics of the hospitalization (e.g., days hospitalized, days on ventilator) and infant’s health problem (e.g., technological dependence, neurological insult). Maternal illness-related stressors include alterations in the maternal role, the appearance of the infant and related technology, and worry about the outcomes. Also important is stress associated with inadequate communication with providers as well as level of support from staff. Maternal characteristics also affect distress including age, educational level, ethnicity, and employment, and maternal personality such as trait anxiety, emotional problems, and past perinatal or neonatal problems. Family factors serve to increase or mitigate distress. These include marital status, support from the father and other family members, socioeconomic status, and other children. It is further hypothesized that maternal distress may continue after discharge and affect parenting. Conclusions. This model has potential for guiding future research focused on mothers of seriously ill infants and for guiding nursing practice. Further research is needed to adapt this model to the experiences of fathers.

Back to Top
Health Behaviors in Pregnant Mexican Immigrant Women

Presenting Author: Robin Fleschler PhD
Address: 5327 Paisley Lane
Houston, Texas 77096
USA
Ph: Fax: 713 654 8745
Email: rfleschler@swbell.net
Institution: UTMB

Author List:
Robin Fleschler

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
The overall aim of this study was to develop a culturally valid and reliable instrument that measures health promotion behaviors in pregnant Mexican immigrants. As the Latino population is increasing and more women are experiencing childbearing in this country, it is imperative to understand the psychosocial factors that contribute to maternal and newborn health outcomes. Findings: The study was completed in two phases. Phase I: The Prenatal Health Inventory of Behaviors (PHI-B) was translated into Spanish and then back translated into English. Two focus groups of pregnant women (n=13) found the measure to be culturally sensitive and valid for content. Phase II: The PHI-B Spanish was found to be reliable and internally consistent in a sample of 213 pregnant Mexican immigrant women. Evidence was found for convergent validity with general health behaviors (HPLPII); concurrent validity with depressive symptoms (CES-D); divergent validity with social desirability (Marlowe-Crowne). Level of acculturation and perceived social support were also assessed for these women. Conclusion: The PHI-B Spanish is a reliable and valid measure for assessing health behaviors in Mexican immigrant women and promises to define opportunities to improve outcomes in mothers and their infants.
A Qualitative Analysis of Outcomes of Intimate Partner Violence During Pregnancy

Presenting Author: Gail B Williams PhD, RN
Address: 9327 Silent Oaks
San Antonio, TX 78250
USA
Ph: Fax: 210 567-5822
Email: williamsg@uthscsa.edu

Author List:
Gail Williams
Gail Williams

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Psych/ Mental Health

Abstract:
Purpose/Aims: This descriptive exploratory study was conducted to gain a fuller contextual understanding of the outcomes of intimate partner violence (IPV) during pregnancy.
Research Question: The overall research question examined women’s perceptions of the outcomes of IPV within the context of unintended pregnancy?
Significance: IPV is the leading cause of serious injury to women and accounts for more than half of all female homicides in the U.S. Furthermore, violence during pregnancy has been estimated to affect between 0.9% and 20.1% of all pregnant women. Women with unplanned pregnancies are four times more likely to be battered during pregnancy.

Methods: Transcribed audio-taped interviews were organized with the qualitative software QRS NUD.IST and content analysis was performed to identify themes. Member checking and audit trails were used to establish trustworthiness. SPSS was used to describe sample demographics and prevalence of the types of violence experienced by this group of women as measured by the Conflict Tactics Scales (CTS2).
Findings: The final sample consisted of 21 pregnant women with a mean age of 23 years. The majority were Hispanic (71.4%), single (66.7%), and had completed high school or GED (52.4%). Results of the CTS2 indicated that all women (100%) experienced psychological aggression; 95% (n=20) experienced physical assault, and 33% (n=7) experienced sexual coercion. Prevalent themes included hopelessness, isolation, worsening of preexistent psychological disorders, emotional blunting, fear of future violence, negative emotional sequelae to their children, economic losses, and loss of support from family and friends. Interestingly, women also voiced positive outcomes of the violence that included finding inner strength, reestablishing social support systems, and valuing of one’s children.

Discussion: Results help to build knowledge for nursing. A more thorough understanding of the outcomes of IPV allows healthcare providers to anticipate and meet both short and long term needs of this population of women.
Diabetes Self-Management and Health-Related Quality of Life among Chinese Older Adults with Diabetes

Presenting Author: Jie Hu PhD
Address: PO Box 26170
Greensboro, NC 27402-6170
USA
Ph: Fax: 336-334-3628
Email: jie_hu@uncg.edu
Institution:

Author List: Jie Hu
Jie Hu

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
PURPOSE: The purpose of this study was to examine health behavior, diabetes self-management, and quality of life (QOL) of Chinese older adults with type 2 diabetes who reside in Beijing, China.

METHODS: The PRECEDE-PROCEED Planning Model was used to guide the study. A convenience sample of 66 older Chinese adults with diabetes who reside in private homes and apartments in Beijing, China, was recruited. Data collection was conducted through face-to-face interview. Instruments used in the study included biophysiological measures (blood pressure, glucose, lipid profile, body mass index), a demographic questionnaire, the Revised Summary of Diabetes Self-Care Activities scale, the Geriatric Depression Scale, the SF-36 Health Survey Health Survey and the Quality of Life Index (QLI) – Diabetes version. A Chinese version of all questionnaires was used for interview.

FINDINGS: The mean age of participants was 69 years (SD = 6.62) with 62% female. Seventy-five percent of participants took oral medication for diabetes with 15% on insulin. The range of days that participants followed recommendations of diabetes self-care activities in the past week was .98 to 5.98 days depending on the specific activity. Multiple regression models including age, gender, depression, physical activities, currently smoking status and diabetes self-care activities exercise subscale significantly predicted the QLI (R2=.57, p<.001), the physical (R2=.48, p<.001) and the mental components of HRQOL (R2=.50, p<.001). Depression is the strongest predictor of both quality of life and HRQOL.

DISCUSSION: Chinese older adults with diabetes had low scores on foot care and blood sugar testing. Predisposing factors and behavior and lifestyle factors were significantly related to HRQOL and general QOL. Intervention programs aimed to enhance QOL by increasing exercise and reducing depression would benefit Chinese older adults with diabetes.

Back to Top
Testing a Culturally-Tailored Intervention for Rural African Americans with Diabetes

Presenting Author: Sharon Williams Utz PhD
Address: University of Virginia School of Nursing PO Box 800782
Charlottesville, Virginia 22908-0782
USA
Ph: Fax: 434-982-1809
Email: swu2q@virginia.edu
Institution:

Author List:
Sharon Utz
Sharon Utz

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-NIH/NINR P20 NR009009
FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
The rate of complications for type 2 diabetes is proportionately higher for African Americans, thus better approaches to diabetes care are needed. Rural residents are particularly vulnerable due to limited access to diabetes education. The purpose of this study was to test a culturally-tailored intervention for rural African Americans with diabetes. The intervention was developed based on data from support groups from three rural communities. In a quasi-experimental design, 21 adult volunteers were randomly assigned to an experimental or usual care group. The experimental group attended weekly sessions of a culturally-tailored group diabetes education program offered at an accessible community site. Cultural tailoring involved an emphasis on oral traditions (a storyteller and a discussion/activities and problem-solving approach), emphasis on empowerment (following their priorities, not a didactic approach), use of materials developed for African Americans, reflecting culturally appropriate food and activity guidelines. The usual care group received the same materials and had three individual meetings with a diabetes educator. Sessions were held over a 6-week period after baseline data collection; outcomes were collected 2.5 months after baseline. The hypotheses were that participants in the experimental group would have significantly greater changes in scores than usual care participants in the outcome variables: (a) long-term blood sugar level (HbA1c tested by the Bayer 2000+ point-of-care machine); (b) Summary of Diabetes Self-Care Activities scale; (c) Diabetes Empowerment Scale-Short Form; and (d) percent success at achieving one's individual goal (on American Association of Diabetes Educators’ form listing goals for 7 areas of self-care). Analysis of demographic variables showed that groups were essentially similar at baseline. Tests of hypotheses indicate on all outcome variables that the experimental group showed significant improvement compared to the usual care group, although HbA1c results were reduced for both groups. Implications and plans for further testing of the intervention will be discussed.
Exploring Mexican Americans' Diabetes Symptoms

Presenting Author: Alexandra A. Garcia PhD, RN
Address: 1700 Red River
Austin, TX 78701
USA
Ph: Fax: (512) 471-3688
Email: agarcia@mail.nur.utexas.edu
Institution: The University of Texas at Austin School of Nursing

Author List:
Alexandra Garcia

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
The Center for Health Promotion Research NINR/NIH #5 P30 NR005051

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Mexican-Americans are twice as likely as non-Hispanic Whites to have diabetes and suffer its consequences. Previous studies show most Mexican-Americans experience diabetes symptoms, although many do not respond therapeutically. Symptom management, as part of intensive self-management, may prevent and minimize diabetes complications. This presentation reports findings from focus groups conducted to explore Mexican-Americans' perceptions of their diabetes-related symptoms, their severity, and significance. These findings are part of a larger instrumentation study. Seven focus groups were conducted in urban and rural areas of central and south Texas with a convenience sample of 45 Mexican-Americans with type 2 diabetes (4-8 per group). Participants' ages ranged from 25-79 years, time since diabetes diagnosis averaged 7 years, 71% were women. Four groups were conducted in English, two in Spanish, one in both English and Spanish.

A bilingual nurse native to the region moderated the groups. Participants were asked which symptoms or particular sensations they attributed to diabetes, where they learned about diabetes-related symptoms, what made symptoms worrisome, and what treatments they used. Groups were audio-taped. Content of transcripts and field notes were analyzed for themes by constant comparison by both researchers.

Participants were eager to talk about symptoms and described a variety of conventional and less common cues (e.g. sensitivity to noise, discolored skin around torso) they believed were good indicators of their diabetes control. Low blood sugar produced more definitive and worrisome symptoms that participants were more likely to act upon than symptoms of high blood sugar levels. Women commonly reported changes in their emotions and moods; only a few men reported emotional responses. Respondents were forthcoming about symptoms affecting intimate relations and contributing to lower life quality.

The findings should prompt nurses to assess patients' symptoms and responses and teach patients effective self-management strategies to improve short- and long-term outcomes.
A Grounded Theory Study of Transitions Toward Self-Management of Type 2 diabetes as Experienced by Adults

Presenting Author: Scharalda Jeanfreau DNS
Address: 1900 Gravier St.
New Orleans, Louisiana 70112
USA
Ph: Fax: 504-392-2105
Email: sjeanf@lsuhsc.edu
Institution: LSUHSC School of Nursing

Author List:
Scharalda Jeanfreau
Scharalda Jeanfreau

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support: New Orleans District Nurses Association
FDA Disclosure: Cleared: Yes

Abstract Subject: Qualitative

Abstract:
Problem/Research Question: Some individuals are able to manage necessary changes in the self-management of type 2 diabetes, but many are unable to manage those changes. This grounded theory study, based in symbolic interactionism, was conducted to identify processes during transitions toward self-management. Research questions include:
1. What are the basic social psychological processes of transitions toward self-management of type 2 diabetes as experienced by adults?
2. What takes place in all aspects of the person’s life during these transitions that affects self-management?
3. What internal and external factors facilitate and/or hinder the transition processes?
4. What characteristics indicate the completion of transitions toward self-management of type 2 diabetes?
5. What are the outcomes of the transition processes?
6. What is the influence of the developing diabetic self on adherence?

Significance: Findings from this study will aid health care workers identify interventions to facilitate transitions.

Methods/Design: Qualitative grounded theory methods were used in this study of 11 adults with type 2 diabetes. Interviews, along with various types of data, were used. A synthesis of techniques was used in data analysis.

Findings: The theory, Development of the Diabetic Self, consisting of the convergence of interrelated categories impacting the core category, the Diabetic Self, emerged. This core category results from the Basic Social Psychological Process (BSPP), Developing the Diabetic Self, which explains the multiple transition experiences.

Discussion: Conclusions include: (1) the diagnosis of type 2 diabetes, within the context of the person’s life, impacts lives; (2) people undergo multiple transitions; (3) another self – the Diabetic Self - develops; (4) people who have diabetes benefit from contact with other people who have diabetes; and (5) people who have diabetes experience adherence ambivalence. Recommendations aimed at the awareness of type 2 diabetes within the context of people’s lives are provided for nursing practice, education, and future research.
A systematic evaluation of current nursing care provided to mechanically ventilated patients

Presenting Author: Susan K. Frazier Ph.D.
Address: 103 Kineon Drive
Gallipolis, OH 45631
USA
Ph: Fax:
Email: skfraz2@email.uky.edu
Institution: University of Kentucky

Author List:
Susan Frazier
Susan Frazier

Abstract:
Background:
Mechanical ventilation is the most common support intervention used for critically ill patients. Expert nursing care using the most current evidence is necessary for optimal patient outcomes. There are no current reports that systematically describe critical care nurse practice in the management of patients who require mechanical ventilation.

Purpose:
To characterize nursing practice in the care of patients who require mechanical ventilation, determine the degree of adoption of evidence based guidelines and evaluate factors that influence the care provided.

Methods:
This descriptive, comparative study will use a survey to characterize nursing practice. A convenience sample of critical care nurses (n = 3500) from the American Association of Critical Care Nurses will be requested to participate. Each potential participant will be asked to complete the Mechanical Ventilation Survey, which includes questions about nursing practice in the care of ventilated patients. This instrument was pilot tested and evaluated for content validity by experts. Survey data will be reported using descriptive statistics. Reported practice will be compared with recommended evidence based practice guidelines to evaluate the degree of adoption. The influence of factors like education, geographic location and facility type on the care provided will be evaluated using ANOVA.

Results:
Data collection will be completed by the middle of June. Approximately 22% of surveys have been returned to date.

Conclusions:
These findings will enhance our understanding of the use of evidence based care in critical care, factors that might influence the care provided and the contribution of critical care nurses in the care of patients who require ventilatory support.

Back to Top
Benefits of Exercise in Combination with Epoetin Alfa for Multiple Myeloma

Presenting Author: Elizabeth Ann Coleman PhD
Address: 167 Pebble Beach
Little Rock, AR 72212
USA
Ph: Fax: 501-296-1765
Email: colemanann@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:
Elizabeth Coleman
Elizabeth Coleman

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-Ortho Biotech, Inc.
-NIH/NINR

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: Epoetin alfa increases hemoglobin levels and reduces the need for RBC transfusions in patients with cancer-related anemia. Interest in other potential benefits led to this study comparing outcomes relative to exercise and the duration of epoetin alfa therapy for patients receiving intensive therapy for multiple myeloma.
Research Question: What is the effect of exercise and epoetin alfa on stem cell collection, recovery post transplant, treatment response and transfusions?
Methods: Patients were enrolled in a treatment protocol consisting of high dose chemotherapy and tandem stem cell transplants. Participants were randomized to exercise (n = 54) or usual care (n = 57) groups as they enrolled in the treatment protocol. Both groups received epoetin alfa according to an algorithm. Participants were in the study for approximately 15 weeks through stem cell collection. 69 of 70 consecutive eligible patients continued in the study for approximately 15 weeks more through their first transplant.
Findings: Groups of patients were equivalent for age, gender and race and the exercise and usual care groups were equivalent for duration of epoetin alfa. There were non significant findings for post transplant recovery and response to treatment relative to the duration of epoetin alfa therapy and exercise program. Patients who received epoetin alfa for the longer duration had significantly (p < .01) higher mean hemoglobin levels during the transplant period but there was no significant difference at discharge from transplant. Patients in the exercise group had significantly (p < .05) fewer RBC and platelet transfusions and significantly (p < .05) fewer attempts at stem cell collection and total days of collection.
Discussion: These findings suggest that exercise in combination with prophylactic epoetin alfa therapy benefits patients by reducing the number of RBC and platelet transfusions and the number of attempts at and number of days of stem cell collection.
**Physical Activity and Nutrition in HIV: CVD and Metabolic Complications**

**Presenting Author:** Barbara A Smith PhD, RN, FACSM, FAAN  
Address: 655 West Lombard Street Room 402  
Baltimore, MD 21201  
USA  
Ph: Fax: 410-706-0730  
Email: bsmith@son.umaryland.edu

**Author List:**  
Barbara Smith  
Barbara Smith

**Financial Discloser:**  
Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

**FDA Disclosure:**  
Cleared: Yes

**Abstract Subject:** Biobehavioral

**Abstract:**

Aims. The aims of this randomized clinical trial were to examine the effects of an intervention on body fat, lipids, other CVD risk factors and functional capacity as measured by time on treadmill (TOT) in HIV infected adults on HAART and to examine gender differences at baseline and in response to the intervention. It was hypothesized the intervention would reduce fat mass (FM), increase fat free mass (FFM), improve lipids, other CVD risk factors, and functional capacity.

Methods. Subjects were randomly assigned to the intervention or wait-listed control group. The 16-week intervention consisted of activities to increase functional capacity (moderate intensity aerobic activity), activities to enhance strength, flexibility and cross-sectional area of muscle (FFM). The nutrition component was to help subjects achieve a healthy weight and improve lipids. FM and FFM were measured using DEXA, visceral abdominal adipose tissue (VAAT) using CT scan, lipids using the Ektachem DT II and TOT was measured during a modified-Bruce treadmill test.

Results. The intervention group improved TOT (p=.001; 1.7[1.5] verses -0.2[1.2] minutes). Although CD4+cells were not one of the hypothesized outcomes, the intervention group improved CD4+cells (p=.019; 125[211] verses -40[144] cells). Females were more likely to be African American, have a higher BMI (p=<.001; 31.6[6.5] verses 27.0[3.9]), and a lower functional capacity as measured by TOT (p=.033; 10.5[2.9] verses 12.4[3.1] minutes). Despite the fact that women weighed more and had higher FM, they had lower VAAT, higher HDL-cholesterol and lower triglycerides. The intervention lowered females maximum diastolic BP while it improved VAAT in males.

Conclusions. Subjects in the intervention group demonstrated improved functional capacity and increased CD4+cells when compared to controls. There are substantial differences between genders and findings indicate that the intervention may differentially benefit the genders.

Back to Top
Pain Among Healthy Young, Middle-Aged, and Elderly Adults

Presenting Author: Suzanne Prevost
Address: 2122 Creekwalk Drive
Murfreesboro, TN 37130
USA
Ph: Fax:
Email: sprevost@mtsu.edu
Institution:

Author List: Suzanne Prevost

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Health Promotion/ Self-care

Abstract:
The worldwide problem of pain has been studied extensively in care delivery settings. Less is known about pain among healthy people, even though it affects their quality of life. The purpose of this study was to describe pain experiences and interventions used among healthy adults. We surveyed participants at health fairs held at a university and at three senior centers. A descriptive comparative design was used. The sample included 375 participants; 159 under age thirty, 99 between thirty and sixty-five, and 117 over sixty-five. The mean age was 44.5 and 62.2% were females.

All respondents reported experiencing pain during the past year. Of the 14 types of pain reported, headache was the most common among young adults and middle-aged adults. In elders, arthritis was most common, followed by back pain. Arthritis pain was significantly more common in women, and back pain was more common in men. When asked to rate their pain severity, the mean score for young adults was 3.94, vs. 4.35 for middle-aged, and 5.77 for elders. Among elders, 70.6% had seen a provider for pain, compared to 54.1% of the middle-aged, and 38.3% of the young adults. The number of different medications used to treat pain ranged from zero to seven. Acetaminophen was most commonly used by young adults and elders, whereas middle-aged adults used ibuprofen. When asked what type of pain-related services would be helpful, all groups expressed interest in classes on self-management of pain. Elders and young adults were interested in support groups. Middle-aged and young adults were interested in information via email.

Pain is a problem that plagues people across all age groups, regardless of their health status. Since pain management is a basic component of nursing care, nurses should use a comprehensive approach to pain assessment with all populations and provide individualized interventions.
Abstract ID: 128

Predictors of Nighttime Total Sleep in Elders with Dementia

Presenting Author: Kathy Culpepper Richards PhD, RN
Address: College of Nursing #529 University of Arkansas for Medical Sciences
Little Rock, Arkansas 72116
United States of America
Ph: Fax: 501-257-2501
Email: richardskathyc@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:
Kathy Richards

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Nighttime sleep in elders with dementia is often of short duration and fragmented with awakenings. These sleep problems further impair daytime functioning, burden their caregivers, and can result in institutionalization. Therefore, this study identified predictors of nighttime total sleep in elders with dementia.

Methods: The sample consisted of 102 elders with diagnosed dementia residing in a nursing home, assisted living facility, or community dwelling. Sleep technicians conducted one night of attended polysomnography, using standard recording methods, in participants' natural sleep environments to obtain total sleep time (TST) and the predictors of time in bed, periodic leg movement index (PLMI), oxygen saturation nadir, and apnea-hypopnea index (AHI). Research assistants collected Mini-Mental State Examination (MMSE) scores and depression and pain status from chart review and interviews. Multiple linear regression analyses determined the best predictors of TST.

Results: The mean age was 81.8 years (s.d. 7.40) and mean MMSE was 17.3 (s.d. 7.58) indicating mild to severe cognitive impairment. Mean total sleep time was only 329.7 minutes (s.d. 111.04), time in bed was 488.6 minutes (s.d. 82.48), PLMI was 17.3 (s.d. 26.80), AHI was 18.3 (s.d. 15.72) and oxygen saturation nadir was 86.4% (s.d. 5.81%). Forty-six (45.1%) had depression and 22 (21.6%) had at least one painful condition. A model containing time in bed, age and PLMI explained 43.6% of the variance in TST, and these three variables contributed significantly to the model. After accounting for these three variables, the addition of any of the other variables did not significantly improve the regression model to predict TST.

Conclusion: Shorter time in bed, older age, and higher PLMI were associated with less sleep at night in elders with dementia. Interventions targeting time in bed and periodic leg movements may improve sleep and daytime functioning in elders with dementia.
Abstract ID: 361

Use of Cholinesterase Inhibitors Among Caucasians and African Americans with Dementia

Presenting Author: Elaine Souder PhD
Address: 4301 W Markham M/s 529
Little rock, AR 72207
Ph: Fax:
Email: esouder@uams.edu
Institution: U Arkansas for Medical Sciences

Author List:
Mohit Chopra
Patricia O'Sullivan

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:

Purpose/Question: Although persistent disparities are reported between African-Americans (AA) and Caucasians in medical treatment regardless of access, income, and demographic variables, less is known about medication. Cholinesterase inhibitors are the major cognitive enhancing drugs used to treat Alzheimer’s disease (AD). The purpose of this descriptive study was to determine whether there is a significant difference in use of cholinesterase inhibitors between Alzheimer’s Disease Center enrolled AA and Caucasians with a diagnosis of dementia.

Significance: Recent studies have indicated that AA may be at higher risk for AD than Caucasians. Memory enhancing drugs have been shown to work best in the early stages of dementia, but AA tend to seek medical attention for dementia later in the disease and may miss the benefits of early treatment.

Methods: We included all AA (n=18) enrolled over the past four years in the ADC database with a diagnosis of AD. We matched 18 Caucasian participants on age, gender, MMSE and Clinical Dementia Rating (CDR) scores. We reviewed the medications the patient/surrogate reported when enrolling the participant in the ADC, and recorded if the patient was taking any memory enhancing drugs. The percentage of AA patients on such medications was compared with those of whites.

Findings: In our sample, the mean age of AA was 75.4 (± 5.4), compared to 75.8 (± 6.9) in Caucasians. 39% of participants were in each of CDR stages 1 and 2, and 22 % had a CDR stage of 3. Level of education and MMSE did not differ significantly between the two groups. 12 (66.7%) Caucasians took cholinesterase inhibitors, compared to 10 (55.6%) in AA (p= .49).

Discussion: In this group of fairly well educated older participants with dementia, approximately half of each group were not taking cholinesterase inhibitors, however there was no significant difference between the white and AA groups.
Abstract ID: 393

Relationship between Caregiver Report of Nighttime Agitated Behaviors and Sleep In People with Dementia

Presenting Author: Catherine Sue Cole DNSc
Address: 5 Northwest Court
Little Rock, Arkansas 72212
USA
Ph: Fax:
Email: colecatherine@uams.edu
Institution: University of Arkansas for Medical Sciences

Author List:
Catherine Cole
Catherine Cole

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Aging/Gerontology

Abstract:
Introduction: Sleep disruption and nighttime agitated behaviors in people with dementia (PWD) are predictive of institutionalization. This study describes the relationship between nighttime agitated behaviors (biting, pacing, screaming) and sleep in community living PWD.
Methods: This cross-sectional study used de-identified secondary data from a multivariate cross-sectional descriptive study. Participant selection criteria included DSM-IV diagnosis of dementia, living with a caregiver, ambulatory, and medically stable.
Caregivers of participants completed the 36-item Cohen-Mansfield Agitation Inventory for Community (CMAI-C). Nighttime agitated behaviors were rated on a seven point scale for frequency over the past two weeks. The CMAI-C measures four factors of agitation: verbally nonaggressive (VNA), verbally aggressive (VA), physically nonaggressive (PNA), and physically aggressive (PA). We obtained two nights of attended polysomnography on 42 PWD in their homes.
Results: Participants’ mean age was 79.8 (sd = 6.5), mean Mini Mental State Examination score 20.5 (sd = 6.8). Mean sleep efficiency was 66.6% (sd =19.6), total sleep time was 334.0 (sd =116.9) minutes, and mean number of wakenings was 35.3 (sd =13.4), indicating fragmented sleep of short duration. Mean scores for VNA, VA, PNA, and PA were 18.6, 9.4, 15.2, and 21.3 respectively, indicating caregiver report of verbal and physical behaviors. Correlations between VNA and sleep efficiency (r = - .40; p=.00) were significant. Correlations between VA and sleep efficiency tended toward significance (r = -.28; p=.08).
Conclusions: In this sample, decreased sleep efficiency was associated with agitation characterized by verbal but not physical behaviors. Further study is indicated to understand differences in the relationship between physical and verbal agitated behaviors and sleep.

Support: Veterans Administration (VA NRI 01-077-1), John A. Hartford Center for Geriatric Nursing Excellence Arkansas, Medical University of South Carolina Institute of Minority for Research and Minority Training. Funded by The National Institute of Aging

Back to Top
ACHIEVING EXCELLENCE THROUGH EVIDENCE-BASED PRACTICE CHANGE

Brief Description
This symposium describes the evolution of a collaborative nursing research program in an academic medical center in West Virginia. Program purposes were a) to improve patient outcomes by using a systematic approach to change practice based on best evidence and b) to enhance the control of practice by staff nurses through participation in research utilization (RU) projects. Discussion focuses on creating the culture necessary to overcome barriers to evidence-based practice (EBP) change, with emphasis on the role of the Chief Nursing Officer.

Objectives
1. Discuss the nursing research program.
2. Describe indicators of the nursing research program’s success
3. Explain the critical role of senior leadership in achieving program success.
4. Describe approaches to overcoming barriers to evidence-based practice change.
5. Explain the organization of the nursing research program.

Background
Since 1999, teams composed of staff nurses and nurse leaders have conducted clinically-focused EBP projects. To acquire knowledge and skills needed in searching for, critiquing, and synthesizing available evidence, nurses attended a 2-day workshop. The model for change to evidence-based practice (Rosswurm and Larrabee, 1999) guided the teams’ work.

Program Evaluation
Evidence of program effectiveness included 1) attitudes were positive at both time points (Time 1 = August 1999, n = 404; Time 2 = August 2002, n = 464), with significant increase in attitudes about the value of research and the supportiveness of the hospital’s climate and an increase in knowledge about availability of services to support research related activities; 2) over 250 nurses voluntarily attended the 2-day workshop; 3) teams have completed over 30 projects and 4) disseminated their work through 6 peer-reviewed publications and numerous peer-reviewed presentations. Finally, the program made a significant contribution toward meeting criteria necessary for the hospital to be awarded Magnet designation in September 2005.
CHIEF NURSING OFFICER’S CRITICAL ROLE FOR EVIDENCE-BASED PRACTICE

Purpose: Organizational culture is significantly influenced by senior management. The Chief Nursing Officer (CNO) is a vital, influential member of this team and has the responsibility of educating all members on the value of evidence-based practice. Organization success is dependent upon strategic support from leadership. To create a culture for nursing research and evidence-based practice (EBP) requires commitment and allocation of resources. An infrastructure to support nursing research and collaboration is important to shape the organizational climate. This paradigm shift positions staff to provide the best care based on research. Understanding the role of the CNO related to nursing research and EBP has a significant influence on a successful program.

Methodology: A significant challenge for the CNO is to budget nursing time, education and funds to support research. Senior management facilitated a change in organizational culture, resource allocation and program success. Empowered by availability of needed resources, nurses have embraced pursuit of EBP. The Nursing Research Council (NRC) was established with representation from each of the six teams. The council was chaired by a Clinical Investigator, a PhD educated nurse who specialized in EBP. Leadership by example should not be underestimated. The CNO is a member of the NRC and attended the 2-day workshop with staff members. Demonstration by participation provides leverage to creating a culture conducive to accepting EBP and nursing research. The CNO provided a presentation to senior management and the Board of Directors of WVUH to educate them about nursing research and their accomplishments.

Conclusion: Nursing research and EBP require senior management support. The CNO has a significant role in participation, education, and promotion. Nursing research differentiates organizations by nursing excellence. In September 2006, WVUH was designated as a Magnet Hospital by the American Nurses Credentialing Center.
Abstract ID: 283

Symposium Larrabee: Systematic Evidence-Based Practice Change

Presenting Author: Mary F. Fanning RN, MSN, CCRN, CNAA, BC
Address: West Virginia University Hospitals PO Box 8208
Morgantown, WV 26506
USA
Ph: Fax:
Email: fanningm@wvu.com
Institution:

Author List: Mary Fanning

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Administration

Abstract:
OVERCOMING BARRIERS TO EVIDENCE-BASED PRACTICE CHANGE

Purpose: Nursing leaders are emphasizing use of nursing research to achieve evidence-based practice (EBP). Numerous studies have identified that the chief barriers are organizational cultures in which EBP is a low management priority, difficulties in management of innovations, and fiscal constraints on resources. This presentation describes fiscal issues of an infrastructure supportive of systematic EBP change.

Strategy: At the 2003 annual retreat of the Nursing Research Council members, agreed that there was significant organizational support, but no mechanism to quantify organizational support. Nor could such a tool be located in the literature. A “Record of Contribution” was developed to quantify organizational support. Staff brainstormed the various components they perceived as organizational support and identified three categories: hours worked, supplies/equipment/services and capital/minor equipment purchases. Detailed items were identified for each category. Hours are categorized by type of activity and job class. Data are submitted by team members, summarized quarterly, and reported annually.

One support mechanism is the fellowship program, which provides a staff nurse time, resources and mentorship to conduct a specific EBP project. This fellowship program was developed through staff feedback via the practice team. The majority of the fellowships have focused on research utilization projects.

Evaluation: Use of the “Record of Contribution” was implemented in January 2004. At the annual retreats, summary information is trended and process opportunities are identified. The form provides a systematic approach for nurse leaders to quantify organizational support for the nursing research program because the summarized data assist in budget development. The nursing fellowship program has enabled many staff nurses to develop research and research utilization skills and implement best practice. Both the record of contribution and the nursing fellowship program have provided quantifiable evidence of organizational support for nursing research program for Magnet Recognition.

Back to Top
ORGANIZATION OF A NURSING RESEARCH PROGRAM

Purpose
This presentation describes the organization of the nursing research program begun in 1999 at a north central West Virginia hospital. Prior to implementation of the nursing research program, few nurses participated in research activities. Now, there are many examples of research activities led by nursing staff.

Methodology
The journey to a successful nursing research program required creating and maintaining a culture conducive to evidence-based practice (EBP). Building capacity for EBP focused on educating nurse leaders and nurses about research utilization (RU) and EBP, mentoring during conduct of the RU projects, and adapting the program over time. Continuing education, including periodic brown bag research sessions, and mentoring on presentations and publication help support capacity building.

Unit RU teams conduct comprehensive research literature searches and critically analyze and synthesize the empirical knowledge on their topic. The teams use the synthesis to evaluate whether or not current practice is substantiated. When practice change is substantiated, the team members design, pilot test, and evaluate the evidence-based practice protocol.

Progressive program development led to a nursing research council (NRC), which is a part of the hospital’s shared governance model. Selected team members represent their RU teams on the council and report project updates. Nurse leaders and WVU School of Nursing faculty participate on the NRC. A nurse leader on the council presents a summation of nursing research activities to the hospital’s clinical leadership performance improvement team on a routine schedule. Annually, the NRC evaluates past year’s progress, sets new goals for the upcoming year, and considers need for programmatic changes.

Conclusion
Program evaluation provides evidence that the nursing research program is now engrained in the hospital’s culture. Leadership in a shared governance arena, commitment, capacity building, and celebration are essential to empowering staff to make evidence-based practice changes.
Is Peak Flow Monitoring Effective in Improving Health Outcomes for Children with Asthma?

Presenting Author: Patricia Vernal Burkhart PhD, RN
Address: 517 College of Nursing University of Kentucky
Lexington, KY 40536-0232
USA
Ph: Fax: 859-323-1057
Email: pvburk2@email.uky.edu
Institution:

Author List:
Patricia Burkhart
Patricia Burkhart

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: Health outcomes were assessed for school-age children with persistent asthma who were taught daily self-monitoring of peak flow [PFM].

Method and Sample: The effect of daily PFM on asthma episode rates, health care utilization, and missed school days because of asthma was evaluated in a sample of 77 children with asthma who were participating in a clinical trial to promote adherence to asthma self-management. During Week 1, the children who previously relied on symptom monitoring were taught to use an electronic peak flow meter that assessed at-home adherence to daily PFM during the 16-week study. The Children’s Health Survey for Asthma parent report measured prevalence of asthma episodes, health care utilization, and missed school days due to asthma for the previous two-month period, administered at Weeks 1, 8, and 16. Changes in nominal measures of health over time were assessed using generalized estimating equations (GEE) modeling.

Results: Significant clinical findings included decreases from baseline to Week 16 in the prevalence of one or more asthma episodes (p = .0002), physician or clinic visits for asthma (p = .0002), missed school days (p = .002), and emergency department visits (p = .03). Of those children who were at least 80% adherent to PFM, 33% had an asthma episode during the last 8 weeks, whereas for those who did PFM less, the asthma episode rate was 57% (X2 = 4.3, p = .04).

Discussion: Objective self-monitoring of asthma symptoms may have increased children’s awareness of their disease status leading to early intervention that resulted in fewer asthma episodes, missed school days, and acute care visits for asthma. The results are clinically significant in reducing pediatric asthma morbidity.

This study was supported by a grant from the National Institute of Nursing Research, National Institutes of Health, Grant # R15 NR08106-0.
What helps kids with AD/HD? A qualitative look back.

Presenting Author: Robin Bartlett PhD, RN, BC
Address: 421 Moore Building PO Box 26170 University of North Carolina at Greensboro School of Nursing Greensboro, NC 27402-6170 USA
Ph: Fax: (336) 334 3628
Email: robin_bartlett@uncg.edu
Institution:

Author List: Robin Bartlett

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
- Gamma Zeta Chapter of Sigma Theta Tau International
- University of North Carolina at Greensboro
FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Significance: Attention-deficit/hyperactivity disorder (AD/HD) is a common behavior disorder of childhood characterized by inattention, hyperactivity, and impulsivity (APA, 1994). If left untreated, AD/HD can lead to psychopathology in adulthood. High prevalence rates coupled with the potential for negative outcomes make it important to identify interventions useful to children with AD/HD. Purpose: To identify strategies young adults perceive were most helpful in learning to manage their AD/HD-type behaviors during childhood. Research Question: What strategies and individuals do AD/HD diagnosed college-aged young adults report were most helpful during childhood? Methods: Qualitative data were collected from a convenience sample of 16 college-aged, college-enrolled young adults with a history of AD/HD using a structured interview guide. Individuals were audio taped and interviews were transcribed verbatim; data were analyzed using content analysis and hermeneutic methods. Findings: Themes identified included struggling with AD/HD, struggling alone and unhelpful people, struggling together and helpful people. Parents were cited as the most helpful persons and teachers were a close second. Caring behaviors such as being kind/positive, supportive, understanding, patient, compassionate, motivating, and in tune, and active teaching/learning strategies such as re-teaching things I did not understand, answering my questions, and working with, not against me were cited as the most helpful interventions. Lack of support and negative messages were cited as least helpful. School was cited as the most problematic setting for managing AD/HD-type behaviors. Discussion: Listening to the voices of those affected by AD/HD is an important step toward designing and testing effective interventions. Community and school nurses are in a unique position to teach parents and teachers useful strategies for helping children with AD/HD.
Predictors of Trait Anger in 9 and 10-year-old Children: Baseline Findings From The Federally-Funded PASS Project

Presenting Author: Marti Rice PhD
Address: 244 Renee Dr.
Tallapoosa, GA 30176
USA
Ph: Fax: 205-975-6142
Email: schauf@uab.edu
Institution: University of Alabama at Birmingham

Author List:
Marti Rice
Marti Rice

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Parent-Child

Abstract:
Purpose: High trait anger is associated with risk for the development of disease and social and behavioral problems in children. Since trait anger is amenable to intervention in children, it is important to identify factors which are associated with trait anger. The purposes of this study were to 1) characterize relationships between trait anger and selected variables (anger expression patterns, school connectedness, stress, coping resources, self-concept, and number of pedometer steps) from baseline measurements of three PASS cohorts, and 2) determine the best subset of predictors of trait anger from selected variables. Methods: From seven schools in a southeastern state, a sample of 504 9 and 10-year-old 4th graders who had parental consent, no medical conditions which prevented physical activity, and had assented were enrolled: 251 males, 253 females; 253 Caucasian, 250 Black. Participants wore pedometers for 24 hours and completed validated instruments designed to measure the variables of interest. Findings: Trait anger was negatively correlated with anger-reflection/control, anger-suppression, behavior control, social confidence, school connectedness, scholastic competence, global self-worth, physical appearance, behavioral conduct, and social acceptance. Trait anger was positively related to anger-out and number of stressful events. The most parsimonious model to predict trait anger scores included anger-out, social acceptance, behavior control, and the number of pedometer steps, accounting for 61% of the variance. Identification of predictors of trait anger can inform interventions designed to reduce trait anger.
ANTHROPOMETRIC AND PSYCHOLOGICAL PREDICTORS OF BLOOD PRESSURE IN CHILDREN 9 & 10 YEARS OF AGE

Presenting Author: Michael T Weaver Ph.D.
Address: UAB School of Nursing 1530 3rd Ave. South
         Birmingham, AL 35294-1210
         USA
         Ph: Fax: 205-975-6194
         Email: weaverm@uab.edu
         Institution: University of Alabama at Birmingham

Author List:
Marti Rice
Michael Weaver

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: The relationship between selected body composition and psychological stressor variables and risk for diabetes and cardiovascular disease is well established in adults, but have not been as extensively studied in children. The purpose of this study was to examine relationships among blood pressure and selected anthropometric and psychological variables in fourth graders.

Method: Baseline measures from 504 fourth grade children participating in an NINR-funded school-based anger management study were examined. Subjects were recruited from 6 elementary schools in the South East. Mean systolic and diastolic blood pressure (BP) and anthropometric measures were obtained using standard protocols, with percentiles obtained from tables by the Second Task Force on Blood Pressure Control In Children. Established psychological measures of stress, anger, and scholastic confidence were employed. Multivariate Multiple Regression was used to test for blood pressure associations using a 0.05 significance level.

Findings: Subjects were 50% Male, 81% 9 years old, and 50% White. Six (1%) indicated a history of heart problems. The full model was statistically significant, with $\eta^2=0.44$ ($p<.001$). Anthropometric ($\eta^2=.41$, $p<.001$) and Demographic ($\eta^2=.05$, $p=.03$) variable sets were independent predictors within the model, while Psychological were not ($p=.17$). Mean waist circumference ($p<.001$) and skinfolds ($p<.001$) were independent predictors of BP, while BMI was not ($p=.25$). While as a whole, the set of psychological variables was not significant, Scholastic Competence was ($p=.02$). Of the demographic variables, only Race ($p=.01$) was a significant independent predictor.

Discussion: As in adults, body composition, especially waist circumference and skinfolds, may be better predictors of cardiovascular risk in children than BMI, perhaps owing to the metabolic activity of abdominal fat. School-related psychological variables, which may be important in terms of stress levels, may also play a role in cardiovascular risk.
Abstract ID: 191

Biomarkers, Fatigue, Sleep Disturbances, and Depressive Symptoms: An Exercise Intervention for Older Women

Presenting Author: Judith K Payne PhD, RN, AOCN
Address: Duke University School of Nursing, Trent Dr DUMC 3322
Durham, NC 27710
USA
Ph: Fax: 919-681-8899
Email: payne031@mc.duke.edu
Institution: Duke University of Nursing

Author List:
Judith Payne
Judith Payne

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
The risk for breast cancer increases significantly with age, and is a major health concern in the United States. Minimal research exists on symptoms, such as fatigue, sleep disturbances, and depressive symptoms, experienced by older women receiving hormonal therapy, or to what extent select biomarkers associate with these distressing symptoms.

Purposes of this feasibility study were to examine relationships among the biomarkers cortisol, serotonin, bilirubin, with fatigue, sleep disturbances, and depressive symptoms in older women with breast cancer receiving hormonal therapy, and determine the effectiveness of a walking exercise intervention in improving these symptoms. A biobehavioral conceptual model was used to guide the study.

Longitudinal repeated methods, randomized study. Twenty older women with breast cancer receiving hormonal therapy were recruited from a large southeastern cancer center and randomized to an intervention group (n = 10) or usual care (n = 10). The intervention was a 20-minute walking exercise, 4 times weekly during a 3-month period. Piper’s Fatigue Scale, Pittsburgh Sleep Quality Index, Center for Epidemiological Studies of Depression Scale were completed at 4 measurement points; cortisol, serotonin, and bilirubin samples at T1, T3; sleep actigraphy watches at T1, T3 for 72 continuous hours. Measures were collected on both groups. Analysis: descriptive statistics, t-test, repeated measures ANOVA.

Older women with breast cancer receiving hormonal therapy experienced fatigue, sleep disturbances, and depressive symptoms at levels similar to those experienced by younger women receiving chemotherapy. Intervention effects: effective in reducing sleep disturbances; significant change in biomarker levels: serotonin (p = 0.009), bilirubin (p = 0.09), and a downward trend in cortisol levels (p = 0.19). Clinicians need to routinely assess for these symptoms. Data show promise for future larger studies designing effective interventions for symptoms, and contribute potential explanatory mechanisms of this cluster of symptoms.

FUNDING SOURCE: NINR, P20 Pilot
Breast cancer risk, distress, and natural killer cell activity in healthy women

Presenting Author: Na-Jin Park
Address: 1530 3rd Ave. S. NB G020A
Birmingham, AL 35294
U.S.A.
Ph: Fax:
Email: najinp@uab.edu
Institution: University of Alabama at Birmingham

Author List:
Duck-Hee Kang
Na-Jin Park

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Breast cancer risk based on known risk factors (objective) or self-assessment (subjective) can influence immune responses such as natural killer cell activity (NKCA), an important tumor defense mechanism. High subjective risk may lead to greater psychological distress, which can negatively affect immune responses. Moreover, the appraisals of risk and distress may differ among individuals due to the influence by personality traits, such as dispositional optimism. Research has been limited in this area.

The specific aims of this study were to examine: (1) the main effects of objective and subjective breast cancer risk on NKCA; (2) the mediating effect of psychological (breast cancer-specific and general) distress on the subjective risk and NKCA relationship; and (3) the moderating effect of dispositional optimism on the subjective risk and psychological distress relationship in healthy women at various levels of breast cancer risk.

A convenience sample of 117 healthy women (mean age = 36.5) completed questionnaires for objective and subjective risk assessment, psychological distress, and dispositional optimism and gave a blood sample for NKCA measurement. Objective breast cancer risk was assessed based on the modified Gail model.

Hierarchical regressions revealed that higher objective risk was associated with lower NKCA at 12.5:1 effector-to-target ratio after controlling for birth control use, whereas subjective risk showed no effect on NKCA. There was no mediating effect of psychological distress on the relationship between subjective risk and NKCA, although high subjective risk was associated with high psychological distress. Dispositional optimism moderated the relationship of subjective risk with general distress, but not with breast cancer-specific distress.

The associations found in this study (objective risk-NKCA and subjective risk-psychological distress) may provide basic information in developing effective breast cancer prevention strategies such as early identification of at-risk individuals and individualized risk management before its clinical expression. Further investigation is warranted in this area.
Purpose: The purpose of this study was to investigate the predictors of two physical health status dimensions in low-income single mothers of young children. These women constitute a high risk group for adverse mental health outcomes that may negatively affect other dimensions of health status.

Methods: Data for this cross-sectional study were collected during in-home interviews with a volunteer sample of 205 single mothers in 2000-2002. The women had at least one child between the ages of two and six and were at or below 185% of poverty level. Data were collected on two dimensions of health status (SF-36) and on potential predictors of these dimensions, including the mothers’ chronic stressors (Everyday Stressors Index), employment status, negative thinking (Crandell Cognitions Inventory), self-esteem (Rosenberg Self-esteem Scale), and depressive symptoms (Beck Depression Inventory). Pearson’s correlation and the two-sample t-test were used to test for bivariate relationships between the study variables and physical health status. The predictors of physical health status were determined using regression analysis with backward stepwise elimination; maternal age and education were used as control variables.

Findings: Poorer health status was associated with higher everyday stressors, greater negative thinking, lower self-esteem, and more depressive symptoms. Mothers who were unemployed had poorer health status scores than their peers working outside the home. Controlling for mother’s age and education, depressive symptoms and chronic stressors predicted both physical health measures.

Conclusions: The various dimensions of mental health and employment status were associated with indicators of maternal physical health. More depressive symptoms and greater chronic stressors were predictive of poorer physical health measures. This underscores the need for greater attention to the adverse effects of poor mental health on other dimensions of health status, which may be particularly relevant in primary care settings.
Hispanic Women’s Change in Sources of Information Across 7 Months of Breast Cancer Treatment Experience: Self-Help Intervention Outcome.

Presenting Author: Carrie Jo - Braden PhD
Address: 26587 Karsch Rd
Boerne, TX 78006
USA
Ph: Fax: 210-567-3120
Email: bradenc@uthscsa.edu

Author List:
Carrie Jo Braden
Carrie Jo Braden
Noralyann Ripps

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract:

Purpose/Aims: The purpose of this study was to determine if age or language preference of Hispanic women influenced outcomes of an intervention designed to enhance a self-help response to breast cancer.

Significance: Access to information is thought to enable cancer patients to cope with their illness experience. However, there were significant differences at baseline between older and younger and between English and Spanish speaking Hispanic women enrolled in the Self-Help Intervention Project (SHIP) study on the number of information sources. The research question was: Did Hispanic women randomly assigned to the SHIP intervention as compared to women randomly assigned to control, regardless of age or language preference, increase over time in number of sources of information accessed across seven months of breast cancer treatment experience?

Methods:
Intervention: The 10 week, telephone delivered intervention had two basic components: resourcefulness strengthening and management of uncertainty.
Design: This was an experimental design of the study with random assignment to treatment and control groups. Data were collected across three points in time across 7 months.
Sample: A non-probability sample of 165 Hispanic women participated in the study. The sample size was sufficient to detect a moderate effect for the outcome of number of sources of information accessed across seven months of breast cancer treatment.
Analysis: A 2X2X2X3 repeated measures MANOVA was used to assess age by language preference by intervention group by time effect.
Findings: There was a significant intervention by time effect (F = 5.7, df = 2/156, p = .004) with no significant age or language effect interaction with the intervention.
Discussion: The self-help promoting intervention was sufficiently strong to overcome an initial difference between older and younger women and between Spanish-speaking and English-speaking Hispanic women on number of sources of information accessed.

Back to Top
Bruun and Wholeben (2004) identified a type of empathy that occurs “after the fact” involving a feeling of “Now I understand.” According to these authors, this deferred empathy “occurs when life experiences elicit a memory of an episode from the past in which one did not feel empathy for a target individual or group.” As a result, the person is “finally able to put oneself in the other’s shoes.” In their quantitative study, Bruun and Wholeben (2004) administered the Deferred Empathy Questionnaire to 133 participants divided into three age groups. Statistical analyses were performed to determine differences between and among the age groups.

The purpose of this phenomenological study was to elicit a detailed description of the phenomenon that was not achieved in the Bruun and Wholeben study. The descriptive phenomenological study was conducted in the Husserlian methodological tradition as interpreted by Pollio, Henley, and Thompson (1997). Participants (n = 25) were identified using a networking approach. After informed consent was obtained from volunteers, private interviews were conducted, audiotaped and transcribed verbatim. Analysis of the data was accomplished through thematizing transcripts in the interdisciplinary interpretive research group.

For the majority of the participants, triggering events involved personal challenges such as loss (e.g., divorce, illness, death), loss of control (being a “victim of circumstances”), or interpersonal conflict that reminded them of and changed their perception of earlier relationships. Development of empathy involved reflection on past and present events, making choices, changing expectations, and learning acceptance. This process resulted in appreciative understanding of others including new feelings of respect, admiration, and/or gratitude. Personal benefits included a rediscovery of self, increased confidence, and renewed commitment to goals. Such a description could aid faculty in the development of empathy in students and illustrate its use as a therapeutic tool in the care of patients.
A New Methodology for Nursing Research: Propensity Score Analysis

Presenting Author: Mary Kay Rayens PhD
Address: 543 College of Nursing University of Kentucky
Lexington, KY 40536-0232
USA
Ph: Fax: 859-323-1057
Email: mkrayens@uky.edu
Institution:

Author List:
Mary Kay Rayens
Mary Kay Rayens

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Education

Abstract:
Purpose: The purpose of this paper is to introduce a data analysis technique, propensity score analysis (PSA), which reduces the bias that may occur in large observational studies or studies with nonrandom assignment to treatment conditions.

Background: Historically, the most common way of adjusting for group differences at baseline has been to include baseline characteristics as covariates in the linear model. With widely disparate samples, this type of adjustment may be inadequate. The propensity score, which is the probability of being in a particular group given the covariates, can be determined for each subject and used in the data analysis to minimize differences between the groups in demographic or personal characteristics.

Method: Data from a longitudinal study of health-related quality of life among subjects participating in one of several clinical trials designed to test interventions for heart failure patients will be used to illustrate the PSA method. The sample consists of 1,189 patients from six sites located throughout the United States.

Findings: The propensity score model, with demographic and illness severity variables as predictors, was able to discriminate between patients in the intervention group and those receiving usual care moderately well. Although inclusion of the propensity scores in the model did not entirely eliminate group differences at baseline, this method was an improvement over including only the covariates themselves in the model.

Discussion: The PSA method provides an adjustment for group differences that are not controllable, particularly for observational studies. This method also is appropriate when randomization is not sufficient to prevent baseline differences and propensity scores may be used in the linear model as an alternative to analysis of covariance.
Perceptions of health and self care of persons with HIV/AIDS:  
Comparison of two methodologies

Presenting Author:  Elnora P Mendias PhD
Address: 9 Colony Drive  
Angleton, Texas 77515  
USA  
Ph:  Fax: 409-747-1508  
Email: nmendias@utmb.edu  
Institution: University of Texas Medical Branch SON

Author List:  
Elnora Mendias  
Elnora Mendias

Financial Discloser:  Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material?  Y
+Grants/Research Support:  
- General Clinical Research Center (GCRC) at UTMB, Galveston, Texas, funded by grant M01 RR 00073 from
FDA Disclosure:  Cleared: Yes

Abstract Subject:  Health Promotion/ Self-care

Abstract:  
As HIV/AIDS has become a chronic illness, development of successful health promotion that improves health outcomes and decreases disease transmission is enhanced by understanding clients’ lived experiences and including them as partners in care. While both qualitative and quantitative approaches have been used to examine clients’ lived experiences with HIV, little is known about how data from the two approaches compare. Using Pender’s Health Promotion Model as a theoretical base, this descriptive pilot study used a blended qualitative/quantitative approach to study HIV-positive persons’ perceptions of their health status, quality of life (QOL), symptoms, illness intrusiveness, medication taking, and self-care. Self-report instruments and interviews using a semi-structured interview guide were used to collect data from a non-random sample of 18 HIV-positive adults living in the community. Descriptive statistics were used to analyze quantitative data trends; Miles and Huberman’s qualitative data analysis methodology was used to identify narrative themes. Results: The sample included a diverse population representing a broad spectrum of disease, treatments, and demographics, and providing rich data about living with HIV today. Although 11 had AIDS and 15 listed 1-5 other health problems, 15 self-rated their health as good to excellent and 16 rated QOL as good to excellent, with a slight tendency for lower self-rating among those with AIDS. Five identified use of alternative or complementary therapy on the questionnaire, but all described self-care practices in the interview. All quantitatively identified symptoms, though three asserted no symptoms in the interview. Trends noted among those with AIDS were larger percentages reporting higher illness intrusiveness and symptoms scores, higher rates of taking HIV medication on time, and lower scores on the medication-taking scale. While this is a small pilot study with results that cannot be generalized, some differences in data are noted using self-report questionnaire vs. interviews.
Abstract ID: 54

**Tobacco Marketing among College Students**

**Presenting Author:** S. Lee Ridner PhD  
Address: 555 South Floyd Street K-Building  
Louisville, KY 40292  
USA  
Ph: Fax: 5028528783  
Email: slridn01@louisville.edu  
Institution: University of Louisville

**Author List:**  
S. Lee Ridner

**Financial Discloser:** Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N  
**FDA Disclosure:** Cleared: Yes

**Abstract Subject:** Community/Public Health

**Abstract:**  
Purpose: This study examined college students’ experiences with tobacco marketing in a Kentucky city that prohibits smoking in all taverns, bars, and night clubs (Lexington) and one that does not (Louisville). The specific aim was to describe the differences in marketing of tobacco products within these two communities. Research Question: Does the tobacco industry change marketing tactics in a city that prohibit smoking in all taverns, bars, and night clubs?  
Significance: Close examination of tobacco company documents revealed that the tobacco industry targets young adults and they are spending increasing advertising dollars in public entertainment venues. Tobacco industry marketing practices facilitate the progression from experimentation to established smoker and up to 34% of all smoking experimentation can be attributed to marketing activities.  
Methods: A qualitative descriptive approach using latent content analysis was used to analyze focus group data. Two focus group sessions were conducted in each location. One focus group was conducted with smoking and one with non-smoking college students. Findings: A total of 27 students participated in the four focus group sessions; 44% smokers and 56% nonsmokers. The average age was 22 and the majority were female (67%). College students in the city without a comprehensive smoking ban (Louisville) reported greater exposure to tobacco marketers in bars and night clubs. Both smoking and non-smoking students in Louisville reported receiving promotional items and free packs of cigarettes. The non-smoking students routinely obtained the cigarettes for smoking friends. Students in the city with a comprehensive smoking ban (Lexington) had not observed marketers in the local bars since the enactment of the ordinance, and they had never received free cigarettes from marketers.  
Discussion: Comprehensive tobacco control ordinances that ban smoking in all public buildings may decrease young adults exposure to tobacco marketing activities and the progression from experimentation to established smoker.

Back to Top
Effect of a Smoke-free Law on Asthma and Cardiac Events

Presenting Author: Ellen J. Hahn DNS
Address: University of Kentucky College of Nursing Rose Street
Lexington, KY
USA
Ph: Fax:
Email: ejhahn00@uky.edu
Institution:

Author List: Ellen Hahn

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject: Community/Public Health

Abstract:
Purpose: To evaluate the effects of Lexington, Kentucky’s smoke-free ordinance on asthma and cardiac events, including the rate of hospital and emergency department (ED) discharges. The smoke-free ordinance, prohibiting smoking in all buildings open to the public, was implemented in April 2004. Lexington, in the heart of tobacco country, was the first Kentucky community to go smoke-free.

Method: A time series design was used to examine asthma and cardiac outcomes among Lexington-Fayette County residents 40 months before and 8 months after the law implementation. Poisson regression determined the predictors of incidence of each event type (ED and hospitalizations), with separate asthma and cardiac models. The asthma models included all ages, while cardiac models contained only adults. Regressors in addition to the smoke-free status indicator were sex, age, month and year. The models reflected current census estimates to account for population at risk.

Findings: The Poisson model for asthma ED visits indicated a significant change from pre- to post-law, with a 31% decline in asthma events. The rate of decline was similar among children aged 19 or younger and in the adult population aged 20 and older (28% and 37% decline, respectively). The change in cardiac ED visits was marginally significant (p = .06), with a 22% decline in cardiac events. The comparisons of hospitalizations between pre- to post-law were not significant for either asthma or cardiac events.

Discussion: The epidemiological evidence is clear that exposure to secondhand smoke contributes to physiological changes to the respiratory and cardiac systems, triggering both asthma and cardiac events. However, the evidence that community-level reduction in secondhand smoke exposure leads to improved asthma and cardiac outcomes is inconclusive. This study is the first to examine the effects of a comprehensive smoke-free ordinance on population-level asthma outcomes over time.

Back to Top
Maternal Perceptions of Home Safety

Presenting Author: Sherry Hendrickson
Address: 6301 Amberly Place
Austin, United States
Ph: Fax:
Email: shendrickson@mail.nur.utexas.edu
Institution: The University of Texas at Austin

Author List:
Sherry Hendrickson

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Purpose: To describe and interpret Latina mothers’ perceptions of childhood injury including their greatest concern, routine safety behaviors and perceived barriers.
Significance: Injury is the leading cause of death among children from birth to 14 years of age. While research indicates that injury risk by race is based not on ethnicity but on socioeconomic barriers, minority pediatric populations nevertheless suffer the consequences. Immigrant status is associated with higher injury risk, specifically the home environments of Spanish-speaking parents.
Methods: As part of a home safety intervention study, mothers responded to three semi-structured questions collected at the first and last home visits prior to quantitative questions. Respondents able to read were given a pen to write responses to the open-ended questions. Those mothers not accustomed to reading had their verbal response written down by the researcher. This method was arrived at related to some mothers’ discomfort with initial requests to audiotape responses. Analyses using the software program NUDIST was followed by descriptive content labeling. Labels were assigned to each response concept, then collapsed into subthemes. The sample consisted of 82 women. The interview was conducted in Spanish or English. Given the large number of participants data management was a challenge. Future related research will seek participants only until theme saturation is reached and will offer more open-ended questions in the hope of supporting deeper and richer responses.
Findings: The participant retention rate was 95%, with 78 mothers completing data collection at Time 2. Analyses are at the subtheme stage, to be completed Fall 2006.
Discussion: The researcher recommends assessing mothers’ perceptions of pediatric injury prior to occurrence and cultural appropriateness for use as a telephone rather than an in-home interview. Understanding of how mothers keep children safe despite poverty and how to increase self-efficacy for safety, is also worthy of investigation.
Black, Hispanic and White Women’s Symptoms of Coronary Heart Disease

Presenting Author: Jean C McSweeney
Address: 4301 W. Markham, #529
Little Rock, AR 72055
US
Ph: Fax: 501-296-1765
Email: mcsweeneyjeanc@uams.edu
Institution: Univ of Arkansas for Medical Sciences

Author List: Jean McSweeney
Jean McSweeney

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Biobehavioral

Abstract:
Purpose: Although coronary heart disease is the number one killer of women, there is limited knowledge about prodromal and acute myocardial infarction (AMI) symptoms in women, especially minorities. This study describes and compares prodromal and AMI symptoms in black, Hispanic, and white women.

Research Question: What are the prodromal and acute symptoms that black, Hispanic and white women with AMI experience?

Methods: From 13 sites, we recruited 1270 women: 545 (43%) black, 186 (15%) Hispanic, and 539 (42%) white. Using the McSweeney Acute and Prodromal Myocardial Infarction Symptom Survey, we conducted telephone surveys 4-6 months post AMI about symptoms, risk factors, comorbidities, and demographics.

Results: Nearly all women (94.6%) reported prodromal symptoms. Regardless of race, they most frequently experienced unusual fatigue and sleep disturbance. Eighteen symptoms differed significantly by race with black women reporting higher scores and frequencies of 15 symptoms than white and Hispanic women. Only 43.5% Hispanics, 39.4% blacks, and 30% whites reported any prodromal chest pain/discomfort. The single most frequent acute symptom was shortness of breath regardless of race while 22 acute symptoms differed significantly by race. Minority women reported significantly more acute symptoms than white women. After combining all locations of chest discomfort, it was the most frequent symptom for Hispanic (73%) and white (58%) women, and the second most frequent for black (63%), but 27%-42% respectively never experienced acute chest discomfort. When controlling for 11 comorbidities and risk factors, prodromal scores accounted for 39.9% of acute symptom scores.

Conclusions: Results from this study of suggest that racial groups have both differences and similarities of the most frequently experienced prodromal and AMI symptoms and their severity and frequency. Minority women reported significantly more prodromal and AMI symptoms than white women. Further research is needed to determine which prodromal symptoms may be predictive of impending AMI.

Back to Top
Abstract ID: 196

The role of Implantable Cardioverter Defibrillator (ICD) and Cardiac Re-synchronization Therapy (CRT) in heart failure patients: Evidence from clinical trials

Presenting Author: Deborah Chapa RN, CRNP, PhD
Address: 655 West Lombard Street
Baltimore, MD 21201
United States
Ph: Fax:
Email: thomas@son.umaryland.edu
Institution:

Author List:
Deborah Chapa
Sue Ann Thomas
Chi-Wen Kao

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N
FDA Disclosure: Cleared: Yes

Abstract Subject:

Abstract:
Approximately 5,000,000 million Americans are diagnosed with heart failure (HF) and Sudden Cardiac Death (SCD) is a major cause of death among HF patients. Treatment of SCD in HF patients has shifted from pharmacologic therapy to device therapy. This symposium will present the findings and implications for nursing practice of three multicenter prospective clinical trials of HF patients randomized to device therapy: Implantable Cardiac Defibrillator (ICD), Cardiac Resynchronization Therapy (CRT) or (ICD-CRT) or conventional pharmacological therapy for HF. These trials were conducted from 1997 to 2004. They show that device therapy decreases mortality. It is estimated that over 1,000,000 HF patients are now eligible for device therapy.

The objectives of the symposium are to discuss the differences in results of the 3 trials and to discuss the current needs for patient education and advocacy for treatment using an evidenced based approach.

The methodology and findings of Sudden Cardiac Death in Heart Failure (SCD-HeFT), Cardiac Resynchronization-Heart Failure (CARE-HF) and Comparison of Medical Therapy, Pacing, and Defibrillation in Heart Failure (COMPANION) will be discussed in detail. SCD-HeFT found that ICD therapy decreased the relative risk of death for HF patients.
CARE-HF found that CRT reduces mortality in HF patients. Companion found the CRT and the CRT-ICD equally effective at reducing mortality in HF patients.

Understanding of each of these trials is critical for nurses working with HF patients. Optimal pharmacological therapy for HF was established for the patients in these trials before devices were utilized. The optimal device therapy for HF patients is not established. Nurses and nurse researchers need to advocate appropriate treatment and provide evidence based patient education for these patients.

Back to Top
ACCESS TO CARDIAC INTERVENTIONAL SERVICES IN ALABAMA AND MISSISSIPPI: A GEOGRAPHICAL INFORMATION SYSTEM ANALYSIS

Presenting Author: Barbara Ann Graves PhDc
Address: 12281 Brittany Drive
       Northport, Alabama 35475
       United States
       Ph: Fax: 205-348-5559
       Email: agraves@bama.ua.edu
Institution: University of Alabama

Author List:
   Barbara Graves
   Barbara Graves

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? N

FDA Disclosure: Cleared: Yes

Abstract Subject: Minority Health

Abstract:
Differences in access to healthcare services and the resulting adverse health outcomes are major public health priorities. The Department of Health and Human Services has identified the need for strategies to improve access to healthcare services and to support the improvement of health outcomes. The PURPOSE of this study was to determine the contribution of distance to hospitals with cardiac interventional services (CIS) to county age-adjusted myocardial infarction (MI) mortality rates (CAMR) in Alabama and Mississippi counties while adjusting for age, sex, race, education, socioeconomic status (SES), and rurality. METHOD: A retrospective cohort study DESIGN was used. The sample consisted of all deaths due to MI in Alabama and Mississippi from 1996 through 2001 as reported to the National Center for Health Statistics. The county was the unit of analysis (n = 149). A geographical information system (GIS) was used to measure straight-line distance from each county centroid to the nearest CIS therefore providing an empirically measure of county access. FINDINGS: Multiple regression analysis was conducted using rural status, state, distance to CIS, percent male, percent at or below poverty level, percent less than high school education, percent non-white, and interaction terms as predictors. Regression results indicate that the final model significantly predicts CAMR (R squared=.378, adjusted R squared =.319, p<.001). The model accounts for 31.9% of the variability. DISCUSSION: The Black Belt and the Delta regions of Alabama and Mississippi are known for their mostly rural, black, and impoverished population who are subject to health disparities. Regional disparities in MI mortality provided valuable analysis of healthcare service accessibility. Timely access to prompt and effective treatment is essential in reducing MI mortality. Social justice requires the reversal of healthcare disparities created by geographical and social inequalities through better distribution of resources. Healthcare policy can change CIS locations to increase access and decrease MI mortality.
A Descriptive Study of Skin Temperature, Tissue Perfusion, and Tissue Oxygen in Patients with Chronic Venous Insufficiency

Presenting Author: Teresa J. Kelechi PhD, RN
Address: 855 Parrot Creek Way
Charleston, SC 29412-9054
US
Ph: Fax:
Email: kelechtj@musc.edu
Institution: Medical University of South Carolina

Author List:
Teresa Kelechi
Teresa Kelechi

Financial Discloser: Have a financial arrangement or affiliation with commercial companies whose products may be mentioned in this material? Y
+Grants/Research Support:
-NIH

FDA Disclosure: Cleared: Yes

Abstract Subject: Researchers in Clinical Settings

Abstract:
Purpose/Aims: This study of lower leg skin inflamed by chronic venous disease (CVD) was conducted to elucidate the relationships among three skin microcirculation measures: surface temperature (Tsk), tissue perfusion/blood flow (BF), and tissue oxygen (tcP02). Aims were to test the hypothesis that Tsk, BF, and tcP02 will be elevated in CVD-affected skin compared to normal controls and will be positively correlated.
Significance: CVD is a risk factor for ulceration due to skin inflammation and impaired microcirculation. Microcirculatory assessment techniques have advanced the understanding of CVD skin pathology, but relationships among Tsk, BF, and tcP02 have not been explored.
Methods: 55 patients with CVD (n=29) and controls (n=26) were recruited from clinical and residential settings for this descriptive study conducted over three measurement periods, one week apart (Times 1, 2, 3). Power analysis determined 26 per group was sufficient for 80% power and p=0.05. Tsk was measured with an infrared thermometer, BF with a laser Doppler flowmeter and tcP02 with a transcutaneous oximeter at the medial aspect of both lower legs. Data were examined using ANOVA with repeated measures and correlation coefficients (Pearson r).
Findings: Tsk was higher (1.2°C) across all measurement periods in the CVD group (p<0.05). BF was higher at Times 1 and 3 (p=0.002, 0.012), and tcP02 was lower at Times 1 and 3 (p=0.013, 0.050), and tcP02 and Tsk were positively correlated at Times 1 and 2 (r=0.516, p<0.005, r=0.278, p=0.04) but not at Time 3 (r=0.235, p>0.05). There were no consistently significant correlations between tcP02 and BF or tcP02 and Tsk.
Conclusion. Tsk and BF were higher in the skin affected by CVD and positively correlated. tcP02 was not elevated as hypothesized and correlations with Tsk and BF were not validated. Further study is needed to evaluate Tsk assessment with infrared thermometers to determine clinical usefulness for monitoring disease progression and treatment outcomes.